 **HARRIS COUNTY DEPARTMENT OF EDUCATION**

**RECORDS MANAGEMENT SERVICES COOPERATIVE**

**DESTRUCTION CERTIFICATE**

|  |  |
| --- | --- |
| **Client name:**  **(District)** | **Department Name :** |

The records listed below are authorized for destruction. There are no pending lawsuits or open records requests.

Department/School Representative/Title

Printed name & signature Date

|  |  |
| --- | --- |
| **CONTENTS DESCRIPTION AND RANGE** | **NUMBER OF BOXES** |
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|  |  |
| TOTAL BOXES TO BE DESTROYED |  |

Authorized for destruction by:

Date

District RMO or Representative

Received for destruction by:

Date

HCDE Records Center

## ***Disposal Center Certification***

### The records listed above were received for shredding at the Harris County Recycling Center on

### by .

Date Printed name and signature