



**HARRIS COUNTY DEPARTMENT OF EDUCATION
RECORDS MANAGEMENT SERVICES COOPERATIVE
DESTRUCTION CERTIFICATE**

CLIENT NAME: (DISTRICT)	DEPARTMENT NAME :
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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
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