 **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