



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

DESTRUCTION CERTIFICATE

HCDE WORK ORDER NUMBER _____

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 Vanish Document Shredding Company on

_____ By _____
Date Printed name and signature