



SPECIAL COUNSEL TO THE
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Records Management Certificate of Destruction

The following indicates records that your department has identified for destruction. Please follow the *Records Disposition Instructions* and maintain the original, approved certificate within your department.

Department: _____

Schedule Item Number	Record Series Title	Retention Period <i>(Schedule + 1 Year)</i>	Date Eligible for Destruction	Date Range of Docs to be Destroyed	Description of Docs to be Destroyed	Box Number	B&G Pickup Date

Department Records Retention Coordinator Preparing the Certificate:

Name (Print): _____ Signature: _____ Date: _____

Department Supervisor Approval:

Name (Print): _____ Signature: _____ Date: _____