



ELECTRONIC DATA DISPOSAL VERIFICATION

Device Information

Description (make/model):	<input type="text"/>
Serial Number:	<input type="text"/>
WMU tag number if present:	<input type="text"/>
Department:	<input type="text"/>
Department Representative:	<input type="text"/>
Campus Phone:	<input type="text"/>
Reference New Purchase Order Number: (If applicable)	<input type="text"/>

Disposal Information

Security Level:	<input type="checkbox"/> Clear	Date Conducted:	<input type="text"/>
	<input type="checkbox"/> Purge	Conducted by:	<input type="text"/>
	<input type="checkbox"/> Destroy	Phone Number:	<input type="text"/>

Sanitization Method Used:	<input type="text"/>
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Backup Made of Information:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, Backup Location:	<input type="text"/>	

Final Disposition of Device / Media:	<input type="checkbox"/> Disposed
	<input type="checkbox"/> Reused Internally
	<input type="checkbox"/> Surplus Sales
	<input type="checkbox"/> Returned to Manufacturer / Vendor

I verify that all data, programs, operating system, hard drives or other media have been removed from this device. Return completed form to Purchasing. Fax: 387-8824.

X _____
(Department Representative)

Date _____