



Sensitive Information Removal Form
Certification of Removal of Sensitive Information from Electronic Equipment

This form is used to ensure that sensitive information, computer software, etc. has been removed/scrubbed from computer and electronic devices prior to disposition of the equipment. This form should accompany Disposal Forms and donations/sales/transfers to non-MSU entities.

This form prepared by:

Name: Phone: Date:
Agency: Dept. Code: Dept: Dept Head:

Table with 3 columns: Inventory Number, Item Description, Serial Number. Multiple empty rows for data entry.

Removal of Sensitive Information

Removed By: Help Desk Ticket No: (Please attach copy of Help Desk Ticket)

Software or Method Used: Destroyed By: (Typed Name)

VERIFICATION

SIGNATURES

DATE

The signatures below provide certification that any/all sensitive information has been removed, cleaned, or destroyed from the equipment listed on this form.

Department Inventory Representative:
Physical Observer/Witness (optional):
Unit Head, Dean or Director:

Original - Receiving & Property Control

Copy - Departmental File

# General Instructions

*This form certifies that any/all refrigerant has been removed/recovered from the equipment listed.*

This form prepared by	Name, phone number, date of person completing form - for contact purposes.
Agency	Select the agency associated with the department from the drop down menu.
Dept. Code/Dept. Name	One to three-character code assigned to each department in possession of property. Each department has a unique code assigned to it.
Dept Head	Person responsible for operation of the department.
Inv. No/Item Descr./Serial No.	Item information from official inventory record. Items not on inventory should be identified as "NOI" in Inventory Number column.
Removed By	Select either <i>ITS</i> or <i>Department</i> from drop down menu.
Help Desk Ticket No.	Enter the ITS Help Desk Ticket No. or enter "N/A" if not applicable. The Help Desk Ticket should be attached to this form.
Software or Method Used	Indicate the software program used to scrub the equipment or other type of method, i.e., " <i>Hammer</i> ".
Destroyed By	Typed name of person that performed the removal.
Verification	Signatures of Department Inventory Representative, Unit Head, and an optional third person to verify that the removal was completed.
Complete and forward to:	Receiving & Property Control (RPC) P.O. Box 6177 Mississippi State, MS 39762 Mail Stop 9605 Phone: (662) 325-2545 Fax: (662) 325-4551

Maintain a copy of this form in departmental file for audit purposes.