

## Sensitive Information Removal Form

### Receiving & Property Control

Phone: 662-325-2545

Fax: 662-325-4551

Mail Stop 9605

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

This form prepared by:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Agency \_\_\_\_\_ Dept Code/Department Name \_\_\_\_\_ Unit Head \_\_\_\_\_

Inventory No	Item Description	Serial Number

The following method was used to remove sensitive information from equipment:

\_\_\_\_\_ Removed by ITS                      Help Desk Ticket No \_\_\_\_\_                      Please attach copy of Help Desk Ticket  
 \_\_\_\_\_ Removed by Dept                      Software or method used \_\_\_\_\_  
    Destroyed by \_\_\_\_\_

TITLE	VERIFICATION SIGNATURES	DATE
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*The signatures below provide certification that any/all sensitive information has been removed/cleaned/destroyed from the equipment listed in this form.*

Department Inventory Representative \_\_\_\_\_

Physical Observer/Witness (optional) \_\_\_\_\_

Department Head, Dean, or Director \_\_\_\_\_

Original - Receiving and Property Control                      Copy - Departmental File

## General Instructions

Listed below are brief instructions and definitions of terms needed to complete this form

*This form certifies that any/all sensitive information has been removed, cleaned, or destroyed from the electronic equipment listed. RPC recommends using a scrubbing software on computer equipment so that donation to a non-MSU entity is possible.*

This form prepared by	Name, phone number of person completing form - for contact purposes.
Agency	MSU - (254) MAFES (422) MSUES (421) FWRC (424) MSCL (447)
Dept Code/Dept Name	One or two-character code assigned to each department in possession of property. Each dept has a unique code dependent upon the agency.
Unit Head	Person responsible for operation of department.
Inv No/Item Description/Serial No	Please provide complete information even if items are not on inventory.
Method of Removal of Information	Required information.
Removed by ITS	Provide Help Desk Ticket No and a copy of the email where number was assigned.
Removed by Department	Provide name of software used/name the method used to destroy hard drive.
Verification Signatures	Signature of person responsible for action taken (usually dept inventory rep) and a witness to the action taken (optional) Unit head signature provides ultimate certification of process.

Complete and forward original with  
MSU Disposal Form to:

**Mississippi State University  
Receiving & Property Control  
P.O. Box 6177  
Mississippi State, MS 37962  
Mail Stop 9605  
Phone (662) 325-2545**

Maintain a copy in departmental file for audit purposes. The Office of Internal Audit now requires this document as part of their Basic Control Assessment of departments.