University of Texas Health Science Center at San Antonio

ELECTRONIC DATA STORAGE DEVICE DISPOSAL

Print Form

Date Submitted:	
Department Name:	
Department ID:	
Contact Name:	
Phone:	

** If the property contains a hard drive, all items must be checked **YES.**
The property will not be picked up until the data is erased.

Inventory Tag #	Description	Serial Number	Hard Drive?

If the property above contains a hard drive or other electronic data storage capacity, has all data been erased from the storage device, including but not limited to the following:

1. Licensed software ☐ Yes ☐ No

2. Confidential information - information protected from disclosure by law, such as patient or student records. ☐ Yes ☐ No

3. Trade secrets or data, programs, designs, techniques, or other intellectual property that may lose value if unintentionally disclosed. ☐ Yes ☐ No

4. Other data ☐ Yes ☐ No

I, the undersigned, certify that the property identified above either 1) does not contain electronic data storage capacity, or 2) contains electronic data storage capacity that has been irreversibly erased of all software and data.

Authorized Signature: _____

Printed Name/Title: _____

Please forward one copy to Property Control - Office of Accounting (Campus Mail or email Property Control-Admin).