# COMPUTER AND COMPUTER PERIPHERAL DISPOSAL REQUEST

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<th>INVENTORY NUMBER</th>
<th>SERIAL NUMBER</th>
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<th>DEPARTMENT</th>
<th>PHONE NUMBER</th>
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**DESCRIPTION OF COMPUTER OR COMPUTER PERIPHERAL**

This form must be signed by department’s authorized signatory (or authorized designee) for property inventory records and must be attached to the corresponding deletion request form whenever computer equipment is submitted for disposal.

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Does the above-described equipment contain a storage device such as a hard disk drive? (check one)

- Yes
- No

If yes, has the storage device been erased completely of all data, including but not limited to the following:

1. Licensed software? (check one)
   - Yes
   - No

2. Confidential information—information protected from disclosure by law, such as patient or student records? (check one)
   - Yes
   - No

3. Trade secrets or data, program, designs, techniques, or other intellectual property that may lose value if unintentionally disclosed? (check one)
   - Yes
   - No

4. Other data?
   - Yes
   - No

All items must be checked yes, otherwise the equipment will not be picked up until the data have been erased.

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To the best of my knowledge, the above is correct and complete. (check one)

- Yes
- No

I, the undersigned, certify that the computer equipment identified does not contain a hard-disk drive or contains a hard disk that has been irreversibly erased of all software and data.

Authorized Signature

Date Signed

ORIGINAL - INVENTORY
YELLOW - WAREHOUSING VIA INVENTORY
PINK - DEPARTMENT