



### Sanitization Certificate

Person Performing Sanitization		
Name:	Title:	
Organization:	Location:	Phone:
Media Information		
Make / Vendor:	Model Number:	
Serial Number:		
Media Property Number:		
Media Type:	Source (username or PC property number):	
Classification:	Data Backed Up: <input type="checkbox"/> yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Backup Location:		
Sanitization Details		
Method Type: <input type="checkbox"/> Clear <input type="checkbox"/> Purge <input type="checkbox"/> Damage <input type="checkbox"/> Destruct		
Method Used: <input type="checkbox"/> Degauss <input type="checkbox"/> Overwrite <input type="checkbox"/> Block Erase <input type="checkbox"/> Other:		
Method Details:		
Tool Used (include version):		
Verification Method: <input type="checkbox"/> Full <input type="checkbox"/> Quick Sampling <input type="checkbox"/> Other:		
Post Sanitization Classification:		
Notes:		
Media Destination		
<input type="checkbox"/> Internal Reuse <input type="checkbox"/> External Reuse <input type="checkbox"/> Recycling Facility <input type="checkbox"/> Manufacturer <input type="checkbox"/> Other (specify in details area)		
Details:		
Signature		
I attest that the information provided on this statement is accurate to the best of my knowledge.		
Signature:	Date:	
Validation		
Name:	Title:	
Organization:	Location:	Phone:
Signature:	Date:	