

Asset Management - Electronic Data/Media Sanitization Release for Destruction Form

This form is required to be attached to a *Request for Property Survey Form* or a **Property Transfer Request Form** for any equipment containing storage media. As per CSU policy.

Received From:	(Department Administrate	or Name)	(Date)
Signature:	(Department)	(Extension) Asset Manage	(Email Address) ement Notified: Yes No
Property Asset Tag or (Equipment Serial No.)	Description (Makes/Model/Type)		Reason
Dessived Dur			
Received By:	(IT Staff Member - Name)		(Extension)
Sanitation/Destru	ction Method:		
Remove Internal Media for Destruction: Data Wipe and Return Media: Destroy Media:			
Completely Wipe and Destroy Device: Other (Instructions): Additional Comments:			
IT Asset Managem	nent Approval:	(Name)	(Extension)
IT Approval Signat	ure:		

Destruction Date:

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