COMPUTING DEVICE DISPOSAL QUESTIONNAIRE

Complete this form for all items that contain any type of stored data. This may include copiers, printers, lab equipment or medical equipment.

INVENTORY NUMBER: ______________________
SERIAL or SERVICE TAG NUMBER: ____________________________________________

DESCRIPTION OF COMPUTING DEVICE OR PERIPHERAL

NAME BRAND: ________________  MODEL: _________________________________
DEVICE USER: _____________________  USER’S PHONE NUMBER: ____________

The user’s department is responsible for removing all data from Personal Computers, Laptops, Tablets, and other devices prior to declaring as surplus. Personal computers, laptops, and other devices may be redistributed within TTUHSC with the hard drive intact.

DOES THE ABOVE DESCRIBED EQUIPMENT CONTAIN A NON-REMOVABLE STORAGE DEVICE, OTHER THAN COMPUTER MEMORY, SUCH AS A HARD DISK DRIVE OR SIM CARD?
☐ NO  ☐ YES  Number and type of storage: _________________________________

LICENSED SOFTWARE DATA?
☐ NO  ☐ YES  Programs: ________________________________________________

CONFIDENTIAL INFORMATION-INFORMATION PROTECTED FROM DISCLOSURE LAW, SUCH AS PATIENT, EMPLOYEE, OR STUDENT RECORDS?
☐ NO  ☐ YES

TRADE SECRETS OR DATA, PROGRAMS, DESIGNS, TECHNIQUES, OR OTHER INTELLECTUAL PROPERTY THAT MAY LOSE VALUE IF UNINTENTIONALLY DISCLOSED?
☐ YES  ☐ NO

DEPARTMENTAL SIGNATURE: ______________________________________________

<table>
<thead>
<tr>
<th>INFORMATION TECHNOLOGY USE ONLY</th>
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<tbody>
<tr>
<td>STORAGE DEVICE ERASED? ☐ YES ☐ NO</td>
</tr>
<tr>
<td>IF NOT ERASED, HAS THE STORAGE DEVICE BEEN DESTROYED? ☐ YES ☐ NO</td>
</tr>
<tr>
<td>TO THE BEST OF MY KNOWLEDGE THE ABOVE IS CORRECT AND COMPLETE.</td>
</tr>
<tr>
<td>SIGNATURE VERIFICATION: _____________________  DATE: ________________</td>
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