

CERTIFICATE OF SANITIZATION

Department of Housing and Urban Development

1. Program Office

2. Office/Division/Branch

3. LOCATION OF RECORDS/URL

4. NAME AND TITLE OF MANAGER RESPONSIBLE FOR MAINTAINING RECORDS

CERTIFICATE OF SANITIZATION

PERSON PERFORMING SANITIZATION

Name: _____ Title: _____

Organization: _____ Location: _____ Email: _____

MEDIA INFORMATION

Make/ Vendor: _____ Model Number: _____

Serial Number: _____

Media Property Number: _____

Media Type: _____ Source (ie user name or PC property number): _____

Classification: _____ Data Backed Up: Yes No Unkown

Backup Location: _____

SANITIZATION DETAILS

Method Type: Clear Purge Damage Destruct

Method Used: Degauss Overwrite Block Erase Crypto Erase Other:

Method Details: _____

Tool Used (include version): _____

Verification Method: Full Quick Sampling Other:

Post Sanitization Classification: _____

Notes: _____

MEDIA DESTINATION

Internal Reuse External Reuse Recycling Facility Manufacturer Other (specify in details area)

Details: _____

SIGNATURE (System Owner)

I attest that the information provided on this statement is accurate to the best of my knowledge.

Signature: _____

VALIDATION

Name: _____ Title: **Records Officer**

Signature: _____

Name: _____ Title: **Privacy Officer (or other)**

Signature: _____