

# Request to Clean Hard Drive

## REASON

Change of users (Dean, director, chair)

Other (Please specify) \_\_\_\_\_ss\_\_\_\_\_

## UNIT TO BE CLEANED

Name of PC's prior user: \_\_\_\_\_

EIU tag number \_\_\_\_\_

Department/Building/Room number: \_\_\_\_\_

## REQUESTOR INFORMATION

Person requesting erasure: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date requested for erasure: \_\_\_\_\_

Department: \_\_\_\_\_

## RECORD RETENTION

Unit is backed up to: \_\_\_\_\_

Date backed up: \_\_\_\_\_

Person responsible for backup: \_\_\_\_\_

Before any unit can be cleaned, it must be backed up to a shared drive or other electronic media, and the following signature must be obtained to ensure no information is lost for auditing/litigation purposes.

**SIGNATURE** (from requesting department)

\_\_\_\_\_

Supervisor's approval (Person authorizing erasure)

Please call the ITS Help Desk with any questions about this form.

Revision date: May 19, 2005

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## TO BE FILLED OUT BY TECHNICIAN

Technician for erasure: \_\_\_\_\_

OS product key: \_\_\_\_\_

Verify tag number and serial number with:

EIU tag number \_\_\_\_\_

\_\_\_ Magic S/N \_\_\_\_\_

\_\_\_ FRS S/N \_\_\_\_\_

\_\_\_ PC S/N \_\_\_\_\_

(Please initial)

Original copy to be sent to ITS Security Specialist with copies sent to the department, Internal Auditing and the ITS technician who performed the erasure.