



CERTIFICATE OF SANITIZATION						
PERSON REFORMING SANITIZATION						
Name:			Title:			
Organization:		Location:		Phone:		
MEDIA INFORMATION						
Make/Vendor:		Model Number:				
Serial Number:						
Media Property Number:						
Media Type:		Source:				
Classification:			Data Backed Up:	Yes	No	Unknown
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:		
Details:						
SIGNATURE						
I attest that information provided on this statement is accurate to the best of my knowledge.						
Signature:				Date:		
VALIDATION						
Name:			Title:			
Organization:		Location:		Phone:		
Signature:				Date:		