

COMPUTER AND COMPUTER PERIPHERAL DISPOSAL QUESTIONNAIRE

INVENTORY NUMBER	SERIAL NUMBER
DESCRIPTION OF COMPUTER OR COMPUTER PERIPHERAL	
DEVICE OWNER	OWNER'S PHONE NUMBER
<p>Does the above-described equipment contain a non-removable storage device, other than computer memory, such as a hard disk drive? (check one) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="padding-left: 40px;">If yes, has the storage device been erased completely? (check one) <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>If the storage device has not been completely erased, does the storage device contain any of the following?</p> <p>1) licensed software data? (check one) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>2) confidential information—information protected from disclosure by law, such as patient or student records? (check one) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>3) trade secrets or data, programs, designs, techniques, or other intellectual property that may lose value if unintentionally disclosed? (check one) <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>To the best of my knowledge, the above is correct and complete. (check one) <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
SIGNATURE OF OWNER	DATE SIGNED