

Information Privacy and Security Attestation

I am aware of my obligation to remove any and all [Facility Name] information from my personal device prior to its disposal or prior to termination of my employment with [Facility Name] as well as deletion of any backup copies of the device. The removal of employment related information includes, but is not limited to: texts, photos, images, video and audio recordings, email and any notes I may store on my personal device.

I attest that I have removed all such media from my device prior to the disposal of my device, or upon my termination of employment with [Facility Name] and deleted any backup copies of the device that may exist; or, that I have promptly notified Information Services of the loss or theft of my device in order to allow remote wiping of the device data.

Signature	Date
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Device cleared of [Facility Name] information:

Phone Number: [Click to enter phone number.](#)

Type of Device: [Click to enter make and model of device.](#)

Information Services Use

Date: [Click to enter a date.](#)

Confirmation of wiping of device:

Employee attestation received: Yes No

Remote wipe completed by IS: Yes No

Date of remote wipe: [Click to enter a date.](#)

IS review of device sanitation:

Date: [Click to enter a date.](#)

IS Staff reviewing device: [Click to enter name and title of individual reviewing.](#)