

UNIVERSITY OF ARKANSAS AT LITTLE ROCK
Computer and Electronic Solid Waste Management Policy
Certificate of Destruction

Inventory Number _____

Serial Number _____

Equipment Type _____

Physical Location _____

Department _____

Contact Person _____

Contact Phone _____

Contact e-mail _____

I certify that I have destroyed the hard drive in the above-referenced personal computer and have disposed of it in such a manner that the data will not be accessible.

Signature

Date

Please attach a completed copy to the Marketing and Redistribution Form and retain a copy for your records. The completed form must be retained in the department for a minimum of five (5) years.