



CAMPUS CORRESPONDENCE

To: Property Management Date: _____

Subject: Removal of Security -- Sensitive Data (to be attached to Equipment Inventory Action Request)

I, _____, certify that I have used the indicated method for the removal of Sensitive Data.
 (sign your name here)

<u>LSU Inventory #</u>	<u>Mfr's Serial No.</u>	<u>Make/Model No.</u>	<u>Location</u>	<u>Method</u>

Please refer to LSU Policy PS-06.20 - Security of Data and State of LA Policy IO-POL-003 - Data Sanitation for more informatior
 (If Additional space is required, please attach a separate page.)

Departmental IT Personnel Certification

 Signature Date

 Print Name

 Title (IT Personnel)

 Phone No. FAX No. E-Mail