

# Certificate of Storage Drive/Media Sanitization

## 1. Person Performing Sanitization

Certificate # \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone/email \_\_\_\_\_  
Organization \_\_\_\_\_ Location \_\_\_\_\_

## 2A. Item 1: Storage Drive/Media Information

Make/Vendor \_\_\_\_\_ Model # \_\_\_\_\_ Serial # \_\_\_\_\_  
Description \_\_\_\_\_  
Media type \_\_\_\_\_ Source (user/PC name) \_\_\_\_\_ Media Property #/Label \_\_\_\_\_  
Data Classification \_\_\_\_\_ Post Sanitization Classification \_\_\_\_\_  
Data backed up ☐ Yes ☐ No ☐ Unknown Backup name, location \_\_\_\_\_  
Disposition ☐ Internal Reuse ☐ External Reuse ☐ Recycling Center ☐ Manufacturer ☐ Other  
Details \_\_\_\_\_

## 2B. Item 2: Storage Drive/Media Information

Make/Vendor \_\_\_\_\_ Model # \_\_\_\_\_ Serial # \_\_\_\_\_  
Description \_\_\_\_\_  
Media type \_\_\_\_\_ Source (user/PC name) \_\_\_\_\_ Media Property #/Label \_\_\_\_\_  
Data Classification \_\_\_\_\_ Post Sanitization Classification \_\_\_\_\_  
Data backed up ☐ Yes ☐ No ☐ Unknown Backup name, location \_\_\_\_\_  
Disposition ☐ Internal Reuse ☐ External Reuse ☐ Recycling Center ☐ Manufacturer ☐ Other  
Details \_\_\_\_\_

## 3. Sanitization Details

Sanitization Date \_\_\_\_\_, 20\_\_\_\_

Method Type ☐ Cleared ☐ Purged ☐ Damaged ☐ Destroyed  
Method Used ☐ Degauss ☐ Overwrite ☐ Block Erase ☐ Crypto Erase ☐ Other  
Method details \_\_\_\_\_ Tool, version Used \_\_\_\_\_

## 4. Person Performing Sanitization Verification

Verification Date \_\_\_\_\_, 20\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone/email \_\_\_\_\_  
Organization \_\_\_\_\_ Location \_\_\_\_\_  
Verification Method ☐ Full ☐ Quick sampling ☐ Other \_\_\_\_\_  
Notes \_\_\_\_\_

I certify that the information provided in this statement is true and correct to the best of my knowledge.

\_\_\_\_\_, 20\_\_\_\_  
Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

===== Notary Certificate, Optional =====  
State of \_\_\_\_\_  
County of \_\_\_\_\_

Signed and sworn to (or affirmed) before me on \_\_\_\_\_, 20\_\_\_\_ by  
\_\_\_\_\_.

\_\_\_\_\_ [notary stamp]

Notary Public

My commission expires:

\_\_\_\_\_