|  |  |
| --- | --- |
| CONTRACT AND PROCUREMENT OFFICE**REQUEST/CERTIFICATION OF DATA** **DISPOSITION** |  **Contract & Procurement Office Use ONLY** |
| Request Number Date Received:           Reviewed by Date:           Approved by Date:            Denied by Date:            |

|  |
| --- |
| **REQUEST FOR DATA DESTRUCTION** |
| *The Contactor hereby requests that the following DCYF Data be destroyed per the requirements stated below* |
| CONTRACTOR/AGENCY NAME: DATE:  |
| DATA FORMAT: Electronic [ ]  Paper [ ]  Both [ ]  | TIME PERIOD OF DATA: Greater than 6-years: [ ]  Less than 6-years: [ ]  |
| **LIST OF DATA SETS/RECORDS TO BE DESTROYED***Use provided sheet to list all data sets/records that are to be destroyed. This includes contract number, case names, and dates of records (Month/Year)* |

**Data Destruction Requirements**

*Unless the Washington State Office of the Chief Information Officer IT Standards require a different method for the destruction of data or confidential information, data and confidential information approved for destruction above, must be destroyed as follows, per Exhibit A of your contract.*

|  |  |
| --- | --- |
|  **Data stored on:** | **Will be destroyed by:** |
| * Server or workstation hard disks, or
* Removable media (e.g. floppies, USB flash drives, portable hard disks) excluding optical discs
 | * Using a “wipe” utility which will overwrite the Data at least three (3) times using either random or single character data, or
* Degaussing sufficiently to ensure that the Data cannot be reconstructed, or
* Physically destroying the disk
 |
| * Paper documents with sensitive or Confidential Information
 | * Recycling through a contracted firm, provided the contract with the recycler assures that the confidentiality of Data will be protected.
 |
| * Paper documents containing Confidential Information requiring special handling (e.g. protected health information)
 | * On-site shredding, pulping, or incineration
 |
| * Optical discs (e.g. CDs or DVDs)
 | * Incineration, shredding, or completely defacing the readable surface with a coarse abrasive
 |
| * Magnetic tape
 | * Degaussing, incinerating or crosscut shredding
 |

|  |
| --- |
| **CERTIFICATION OF DISPOSITION/DESTRUCTION** |
| [ ]  | All copies of any data sets as approved above, have been wiped from data storage systems |
| [ ]  | All material and non-wiped computer media containing any DCYF data sets as approved above, have been destroyed |
| [ ]  | All paper copies of any data sets as approved above, have been destroyed |
| **The Contractor hereby certifies by the signature below that the Data destruction requirements as described in this Certification of Data Destruction, have been complied with as indicated above.** |
|  |  |  |
| Contractor Signature | Date | Printed Name |

**Send requests and destruction certification to** **dcyf.contractdatabreach@dcyf.wa.gov****.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Contract Number** | **Type of Record (Paper, Electronic)** | **Identify Records (Case Name)** | **Date of Records** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Specific Data to be Destroyed**

(Use Additional Forms if Needed)