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| 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: |

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| **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.*

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| **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 |

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| **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.** | | | |
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| Contractor Signature | | Date | Printed Name |

**Send requests and destruction certification to** [**dcyf.contractdatabreach@dcyf.wa.gov**](mailto:dcyf.contractdatabreach@dcyf.wa.gov)**.**

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| **Contract Number** | **Type of Record (Paper, Electronic)** | **Identify Records (Case Name)** | **Date of Records** |
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**Specific Data to be Destroyed**

(Use Additional Forms if Needed)