

**DELAWARE DEPARTMENT OF TECHNOLOGY AND INFORMATION**  
**CERTIFICATE OF DATA DESTRUCTION**  
**By External Entity/Company**

The information described below was destroyed in the normal course of business pursuant to State of Delaware retention schedule and the following policies and contract(s):

- The Delaware Information Security Policy:  
<http://dti.delaware.gov/pdfs/pp/StateOfDelawareInformationSecurityPolicy.pdf>
- Data Classification Policy:  
<http://dti.delaware.gov/pdfs/pp/DataClassificationPolicy.pdf>
- Disposal of Electronic/Storage Media Policy:  
<http://dti.delaware.gov/pdfs/pp/DisposalOfElectronicEquipmentAndStorageMedia.pdf>
- Enter Contract Name and number here, along with a brief description:  
<for example> XXX will destroy all data files at the conclusion of the project and send a certified letter to the DTI Chief Security Officer indicating the date, time and confirmation of the destruction. Include with the Data Destruction Certification Letter and this form and any documentation produced from the data destruction/data wipe software such as a certificate or certification log.

Date of Destruction:	Authorized By:
Description of Information Disposed of/Destroyed:	
Inclusive Dates Covered:	
METHOD OF DESTRUCTION:	
<input type="checkbox"/> Burning	
<input type="checkbox"/> Overwriting	
<input type="checkbox"/> Pulping	
<input type="checkbox"/> Pulverizing	
<input type="checkbox"/> Reformatting	
<input type="checkbox"/> Shredding	
<input type="checkbox"/> Other: _____	
Records Destroyed By*:	
If On Site, Witnessed By:	
Department Manager:	
<i>*If records destroyed by outside firm, must confirm a contract exists.</i>	