CAS IT Computer Wipe Request Form

(Items are Staying in the Department)

Department: _____   Date Requested: _____

Requested By:_____   Contact Person: _____

All data and software on the computers listed below will be permanently deleted.
Once the wipe is complete, NO files will be recoverable from the hard drive.

Computer Information

Serial Number	Asset Number	Make	Model	Building/Room

To be re-assigned to*: _____   Location to be re-assigned to: _____

*Must be indicated; otherwise, computer will not be set up for re-use until user and location are assigned. No one will be able to log in to the device.

Permission to Wipe: _____   _____

(Faculty/Staff User)   (Date)   (Department Head)   (Date)

Wipe Completed By: _____   _____

(Technician)   (Date)   (Method(s) Used)   (Date)