



CAS IT Computer Wipe Request Form

(Items are staying 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 #	Asset #	Make	Model	Building/Room

To be re-assigned to: _____

*(Must be indicated, otherwise computer will not be setup for re-use until user and location are assigned. No one will be able to login to the device.)

Location to be re-assigned to: _____

PERMISSION TO WIPE: _____
(Faculty/Staff user) (Date)

(Department Head) (Date)

WIPE COMPLETED BY: _____
(Technician) (Date)

(Method(s) used) (Date)