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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **END USER INFORMATION** | | | | | | | | | | | | | | | |
| TYPE OF USER: | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | State Employee / Paid Intern |  | State Contractor / Unpaid Intern |  | Vendor |  | Customer (Non-State Entity) | | | | | | | | | | | | EIN: | |  | |
|  |  | |  | | | | | |  | | | | | *If applicable* | |
| FULL NAME: |  | |  | |  | | TITLE/POSITION: | | | |  | | | | |
|  | Last | | First | | M.I. | |  | | | |  | | | | |
| PHONE #: |  | EMAIL ADDRESS: | |  | | | | | | STATE AGENCY: | | |  | | |
|  |  |  | |  | | | | | |  | | |  | | |
| DEPT/DIVISION: |  | | | | | | | COMPANY: | | |  | | | | |
|  |  | | | | | | |  | | | *If applicable* | | | | |
| OFFICE LOCATION: |  | | | | |  | | | | | | | |  |  |
|  | Street Address | | | | | City | | | | | | | | State | Zip |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MEDIA INFORMATION *If more space is needed, please attach separate document providing necessary information for all media requesting to be destroyed.*** | | | | |
| Will Media Be Transfer to AIS for Secure Retention **(Yes or No)**: | | If Yes, what is the requested date of transfer of media? | | |
|  | |  | | |
| Media Type *ie. Hard Drive, Flash Drive, SSD* | Make *ie. Seagate, Hitachi, Western Digital* | | Model (#) *ie. DeskStar, WD5002ABYS* | Serial # |
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| **REQUESTOR & SPR AGREEMENT** |
| As the requestor, by signing below, I affirm that   * The equipment denoted above (or denoted on attachment included with this form) is/are property of your agency/div. * I understand that AIS’s acceptance of request is contingent upon AIS’s receipt of a copy of the fully completed, authorized needs request pertaining to the destruction of the denoted media included with this form. * I understand that, should I opt for transferring media to AIS, the date of media transfer is not necessarily the date of destruction of media. AIS will securely store media until third-party vendor is available to destroy media, at which point, AIS will supervise the destruction of all provided media and obtain a certificate of destruction from third-party.  |  |  |  |  | | --- | --- | --- | --- | | END USER SIGNATURE: |  | DATE: |  | |  |  |  |  |   As an SPR Representative, I affirm that   * All equipment denoted above (or denoted on attachment included with this form) has been securely stored on site. * A copy of the certificate of destruction will be provided to requestor after third-party vendor destroys media.  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | SPR REP. NAME: |  | SPR REP’S SIGNATURE: |  | DATE: |  | |  | *Please Print* |  |  |  |  | |