

State of Alaska

Media Disposal Assurance Form

State of Alaska Service Desk • Statewide phone 888-565-8680 Statewide fax 866-561-1855 • Email: soa.help.center@alaska.gov

	State	wide iax 800-3	001-1833 • Em	iaii: soa.neip.center	@aiaska.gov	
Surplus		Destruction Other:		Other:		
		Tech	nician Cont	act Information		
			echnician Name:		Phone #:	
		Computer o	r Drive Info	mation (or attac	h list)	
Computer Make:	Computer Model #:		r Serial #:	Drive Model #:	Drive Make #:	Drive Serial #:
		Sune	rvisor Cont	act Information		
Sup	pervisor Name:	- Cup.	Phone #:	Date:		
			Property Information			
Property Control Tag #:			JOTForm #:			
Additional Comments:						
Additional Comments.						
			Terms and (Conditions		
The State further requi Surplus of Devices: Note: Equipment shall Property Transfer Aut A three (3) pass ra Technician comple A copy of the signe Form 02-622 are sent Destruction of Device Note: Equipment shall property is tracked in A three (3) pass m The device destro removal of media – hard drives - magn Note: Hard drives shall approved technique stall property is Technician comple The Technician comple The Technician's stall approved the signe	eing processed as sines: Inot be transferre chorization and Re andom wipe, when etes and signs/dat supervisor completed/dated Media Di to the State Prope s: Inot be destroyed inimum random v yed in such a mani magnetic media co etic platters drilled Il not be destroyed ifficient to preven etes and signs/dat supervisor completed/dated Media Di to the Property Sa	d as surplus or dest eport - Form 0 e each sector of es the Media D tes and signs/o sposal Assuraterty Manager f unless unserv o Salvage/Des vipe, where ea ner that the mo ent or severed d or removed a funless a met et tretrieval of es the Media D tes and signs/o sposal Assuratel vage/Destruct	until approve 02-622 of a disk is era 0isposal Assu dates the Mea nce Form and or review and extruction Req ch sector of the edia is not re- edia is not re- edia from tion 0isposal Assu dates the Mea nce Form (1) etion Request	ed by the State Property ased and written the state Form dia Disposal Assurd approval/disapped approved by the state - Form 02-6 and proped by the state - Form dia Disposal Assurd approved by the state - Form dia Disposal Assurdia Disposal Assurdis attached to the - Form 02-610 (if	operty Manager via I o a minimum of three ance Form Ital Property Transfer broval prior to transfer broval prior to transfer broval prior to transfer or o	inter-Departmental times Authorization and Report of equipment ger via an FD in IRIS (if
I hereby certify the listed above	terms/conditio	ns for the M	edia Dispo	sal Assurance F	orm have been me	t for the device(s)
Technician Name (P	rint):		Signature	e:	Date:	
Supervisor Name (P	rint):		Signatur	e:	Date:	Revised 5/1/2025