State of New Hampshire  
Department of Administrative Services  
Division of Procurement & Support Services  
Bureau of Purchase and Property  
Surplus Management  

HARD DRIVE DISPOSITION FORM  

Pursuant to Department of Administrative Services State Surplus Management Rules (Part Adm 611) all agencies or entities submitting a computer or computer component designed to store data are required to destroy, overwrite, degauss or otherwise completely eliminate the data on the computer or component.

Description of item submitted___________________________________________________________

Make and Model _______________________________________________________________________

Serial Number _________________________________________________________________________

Has the hard drive or similar data storage component been removed?  
YES ☐  NO ☐

Description of method used to destroy, overwrite, degauss, or otherwise completely eliminate the data on the computer or component:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

If software or a degaussing device was used to destroy, degauss or overwrite data then please provide the following information:

The manufacturer __________________________  
Version ____________________________  
Year of manufacture ________________________

If the destruction, degaussing, or overwriting was accomplished by a facility other than the entity submitting the item for disposal then please provide the following information:

Name of the facility __________________________

Date completed ____________________________  
Description of software or equipment used  
____________________________________________________________________________________

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Please provide the following information regarding the Agency representative charged with the
destruction, degaussing, or overwriting of the computer or component being submitted:

Name of Agency submitting the item for disposal ________________________________

Name of representative responsible for assuring the destruction of the data __________

Work address of representative responsible for assuring the destruction of the data
________________________________________________________________________
________________________________________________________________________

Telephone number of representative ______________________________________

Email address of representative _________________________________________

I hereby certify that the data on the above identified item has been completely destroyed, degaussed,
overwritten, or otherwise completely removed from the item as indicated on this form. The information
provided on this form is true and accurate and I acknowledge that, pursuant to RSA 641:3, knowingly
making false representations on this form is a criminal offense.

Signature ___________________________ Date __________________________

Print Name __________________________