

### Media Disposal Request Form

<b>Request Number</b>						<b>Request Date</b>			
<b>Request Details (* filled by requestor like asset custodian/third party)</b>									
#	Asset Name	Asset Classification (Public= P, Private= R, Secret = S, Top Secret = T)				Asset Owner	Disposal Reason		
		P <input type="checkbox"/>	R <input type="checkbox"/>	S <input type="checkbox"/>	T <input type="checkbox"/>				
		P <input type="checkbox"/>	R <input type="checkbox"/>	S <input type="checkbox"/>	T <input type="checkbox"/>				
		P <input type="checkbox"/>	R <input type="checkbox"/>	S <input type="checkbox"/>	T <input type="checkbox"/>				
		P <input type="checkbox"/>	R <input type="checkbox"/>	S <input type="checkbox"/>	T <input type="checkbox"/>				
<b>(* Note: you can use one of the following methods for disposal or destruction)</b>									
<b>Disposal</b>					<b>Destruction</b>				
Cross shredding					Disintegration				
Discarding paper in a recycling container					Incineration				
Deleting electronic documents					Pulverizing				
Overwriting					Shredding				
Degaussing					Melting				
#	Asset Name	Asset Classification (Public= P, Private= R, Secret = S, Top Secret = T)				Disposal/Destruction Method	Comments		
		P <input type="checkbox"/>	R <input type="checkbox"/>	S <input type="checkbox"/>	T <input type="checkbox"/>				
		P <input type="checkbox"/>	R <input type="checkbox"/>	S <input type="checkbox"/>	T <input type="checkbox"/>				
		P <input type="checkbox"/>	R <input type="checkbox"/>	S <input type="checkbox"/>	T <input type="checkbox"/>				
		P <input type="checkbox"/>	R <input type="checkbox"/>	S <input type="checkbox"/>	T <input type="checkbox"/>				
<b>Asset Owner Decision</b>									
#	Asset Owner		Decision (Yes/No)	Comments	Date	Signature			

Media Disposal Process Implementation						
#	Asset Name		Disposal Process Result (Destruction/Reuse)	Comments		
		<b>IT General Dep/Third Party or Other Dep Implementation Responsibility</b> (* One of the CSGD “security operation representatives” must attend the process if the media or the asset contains confidential information)				
#	Name		Department/Sector	Comments	Date	Signature