

**IVIPS USE AND DISCLOSURE CONTRACT
ATTACHMENT F
DESTRUCTION OF DATA**

Date of Destruction _____

Upon expiration or termination of this Contract, complete and return this form to:

Fax: 360-570-7895

or

Email: ysdisclose@dol.wa.gov.

CHECK ALL THAT APPLY

- All copies of any data sets related to this Contract have been deleted from all data storage systems and media so it cannot be recovered in any way.
- All on-line access accounts related to this Contract have been deleted.
- All printed and hard copy materials and all computer media containing any data related to this Contract have been destroyed so it cannot be recovered in any way.
- All copies of any data sets related to this Contract shall be retained for purposes stated herein for a period of time not to exceed e.g., one year, etc., after which all data shall be destroyed so it cannot be recovered in any way.
- The parties have mutually determined that return or destruction is not feasible, and mutual determination is outlined in the attached MOU. Contractor agrees to only use the Confidential Information as authorized herein and by state and federal laws.
- Contractor is a government agency and shall adhere to it required retention schedule.

I hereby certify, by signature below, the destruction of data as required in the IVIPS Use and Disclosure Contract, Attachment E, Data Security Requirements, for IVIPS Contract have been completed and all data is destroyed as indicated above.

(Account Number)

(Contractor Name)

(Signature)

(Date)

(Print Name)

(Title)

(Area Code & Phone Number)