

IT Asset Disposal Authorization

Requestor Information

| | |
|------------|--|
| Name | |
| Department | |
| Date | |

Asset Details

| Asset Tag / Serial No. | Asset Description | Model | Location | Reason for Disposal |
|------------------------|-------------------|-------|----------|---------------------|
| | | | | |
| | | | | |

Data Sanitization/Removal

| | |
|--------------------------|--|
| Data Removed? | |
| Sanitization Verified By | |
| Date | |

Authorization

Department Head Signature

Date:
IT Manager Signature

Date: