



**CNMI
PSS**



**COMMONWEALTH OF THE
NORTHERN MARIANA ISLANDS
PUBLIC SCHOOL SYSTEM**



Commonwealth of the Northern Mariana Islands Public School System Data Destruction Assurance Form

Individuals, personnel or organizations engaged in providing services or conducting research on behalf of the CNMI Public School System (PSS) are required to destroy the target data that have been collected or loaned to them during the duration of the project in accordance with the terms stated in the applicable Agreement, such as Memorandum of Agreement (MOA), contract, or other pertinent documents. This includes all copies, whether electronic or paper. The data should be destroyed within one year upon the conclusion of the Agreement, or when the Agreement is terminated, or whichever occurs first. In addition, the individuals or corporations must provide copies of all reports associated with the research project to the CNMI PSS within the timeframe specified in the Agreement. As an assurance that these tasks have been completed, the authorized designee must complete this Data Destruction Assurance Form and submit it to the CNMI PSS to be archived. Failure to comply with the destruction of data will result in legal action. The CNMI PSS is not liable for any data breaches or loss of data due to negligence or failure of compliance.

Name of Individual, Personnel or Organization: Include School, Program, Department, Organization, Vendor (when applicable)	
Contact Information: Phone and/or email	
Agreement Reference: MOA, Contract #, or other pertinent documents	
Name of Authorized Designee to Complete Data Destruction Process:	

Itemized inventory of data that was destroyed:	Data Received Date:

Assurance:	
The aforementioned data has reached the designated retention period and has been destroyed. The responsibility for ensuring this destruction lies with the designated authorized data user, regardless of any third-party designated data destroyer.	
Printed Name & Signature:	Date:

Documentation of Data Destruction
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Method of Data Destruction:

(For moderate-to-high risk data risk classification)

Data wiping Degaussing Cross-cut shredding Incineration Milling
 Pulping Purge Clear Other Destruction Method _____

Date Data Destruction Completed: _____

Certification of Data Destruction:

All data as itemized in this document have been properly destroyed in the manner specified above.

Authorized Designee
[Signature]
[Printed Name and Title]

Date

Witness
[Signature]
[Printed Name and Title]
[Name of Organization, if any]

Date

This assurance form must be notarized for individuals and organizations outside of the CNMI PSS.

State of _____
County of _____

I, _____ [Name of Affiant], hereby sign this document as the Affiant.

Printed Name of Affiant: _____

Address of Affiant:

Line 1: _____

Line 2: _____

Subscribed and sworn to before me, this ____ [day] of _____ [month], 20 ____.

[Notary Seal:]

Signature of Notary: _____

Printed Name of Notary: _____

NOTARY PUBLIC: My commission expires: _____, 20 ____.