



Hawai'i Data eXchange Partnership Certification of Data Destruction Form

A. REQUESTOR'S CERTIFICATION

On behalf of myself and/or the organization I represent, I certify that, for Hawai'i DXP Project ID# _____:

- The original datasets containing individual-level data received from the Hawai'i Data eXchange Partnership (Hawai'i DXP) have been destroyed.
- All individual-level information derived from analyses of the aforementioned data, even if in de-identified format, have been destroyed.
- All files, directories, or computer or other electronic storage containing the aforementioned data and information, whether in electronic or hard copy format, have been permanently deleted or otherwise destroyed.

Requestor Name: _____

Position Title: _____

Organization: _____

Department/Unit: _____ Phone: _____

Email Address: _____ Cell: _____

Requestor's Signature Date

B. SUPERVISOR'S / ADVISOR'S CERTIFICATION

Must be completed for all certifications. If data was requested for government reporting, the supervisor/advisor must be the individual ultimately responsible for ensuring secure maintenance of data and subsequent data destruction in alignment with data retention requirements:

- For HODOE: Data Governance & Analysis Branch Director
- For UH: campus executive data steward(s) of the data involved
- For DLIR: division administrator

Name: _____

Position Title: _____

Signature Date

Email your completed Certification of Data Destruction Form to: hawaiidxp-requests@lists.hawaii.edu