

ATTESTATION OF DESTROYED DATA TEMPLATE



**Utah Office of
Data Privacy**

DISCLAIMER

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INCIDENT RESPONSE FORM

Recipient Information

Recipient Name	Recipient email
Recipient Phone #	Recipient address

Description of Data in Question: To be filled out by regional administrator or division/office privacy officer. The information entered should describe the data in question, the medium it was received through, and the date it was received. Delete this narrative and insert your own facts.

[Click Here to Enter a Description of the Data in Question](#)

I, [Enter Data Recipient's Name], attest that I received **confidential information that is owned by the State of Utah**. In accordance with the request by [Enters Requestor's Name] of the [Name of Governmental Entity] to destroy the data/information described above, I have completed the following actions to delete the data and prevent further disclosure:

Enter steps taken to destroy data and/or prevent further disclosure:

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To the best of my knowledge, the above information is accurate. **I understand that any person who willfully permits the release of confidential government information obtained without permission can face criminal penalties.**

Date:

Name:

Signature:

Please return this signed form by email or mail to:

[Name] [Job Title], [Governmental Entity]

[Phone] [Email]

[Address]