The system below will be reformatted and appropriate software reinstalled upon proper authorization. The reformat **ERASES ALL DATA**. ALL required data must be appropriately backed up prior to reformat.

**System Identification:**
IP address: 
Location (building and room): 
Model: 
Operating System: 
Responsible Contact: 
Advisor: 

**Data Backup:** Backup may be performed by data owners or by COEG-IT staff. When COEG-IT backup is requested data owners must accurately identify the data to be backed up. Regardless of choice, ALL data of consequential value to ALL the following parties MUST be backed up prior to reformat;
(a) The responsible contact 
(b) The responsible contact’s research group and advisor 
(c) The department, college and university

The undersigned hereby attest All **DATA** of consequential value to all parties listed above (check one):
[ ] has been backed up. 
[ ] Is listed below and request the COEG-IT staff perform the backup of the listed data: 

________________________________________________________________________
________________________________________________________________________

**University Property:** The undersigned hereby attest the system identified above (check one) 
[ ] IS University of Delaware property, and university licensed software can be installed. 
[ ] IS NOT University of Delaware property, and university licensed software can not be installed.

**Authorization:** The undersigned hereby **Authorize** COEG-IT staff to reformat the hard drive.

_________________________________________  __________________________
Responsible Contact Signature                Date

_________________________________________  _______________________________________
Responsible Contact Print Name                Responsible Contact Email address

_________________________________________  __________________________
Advisor/Manager Signature                    Date

_________________________________________
Advisor/Manager Print Name