

HRS RESTRICTED DATA FILE DESTRUCTION CERTIFICATION

As an authorized (supplemental) user to Health and Retirement Study (HRS) restricted data agreement _____, I certify by my signature below that I have destroyed all physical and digital copies of _____ HRS restricted datasets licensed to Dr. _____ at _____. I also certify that I have destroyed all derived, backup and system files containing these HRS restricted data. *I understand that provision of this Dataset Destruction Certification may terminate the aforementioned agreement.*

DATE/LOCATION OF DESTRUCTION: _____

DESCRIPTION OF PHYSICAL MEDIA DESTROYED: _____

METHOD OF DESTRUCTION: _____

DISPOSAL OF DESTROYED MATERIALS: _____

DESCRIPTION OF DIGITAL DATA DELETED: _____

METHOD OF DIGITAL DELETION: _____

RESTRICTED DATA USER

WITNESS

Signature

Date

Signature

Date

Typed or Printed Name

Typed or Printed Name

Institution

Title

Street/Building Address

City, State, Zip

Please list any publications completed or in process which contain analysis using HRS restricted data. Please include article title, authors, journal or publication to which submitted (attach additional sheets as necessary).