

The University of North Carolina at Chapel Hill, Carolina Population Center
National Longitudinal Study of Adolescent to Adult Health

CONTRACT TERMINATION FORM

This certificate of Destruction is to be completed by the Principal Investigator to certify the destruction of all data covered by the Agreement between The University of North Carolina and the Principal Investigator's institution.

This obligation of destruction shall not apply to Investigator's scholarly work produced during the Contract Period that is based upon or that incorporates the sensitive data.

Section I: Secure erasure of all Add Health data – Please respond to just one section.

UNC'S SRW SERVER

_____ The Add Health data have been accessed from UNC's SRW.
PI INITIALS

STAND-ALONE COMPUTER

_____ The Add Health data has been stored on a stand-alone computer and all work with the data was performed on this same computer.
PI INITIALS

_____ I confirm all temporary data analysis files and data files have been removed from this computer: using this secure erasure software _____ (or enter "hard drive was physically destroyed") on this date _____ by this person _____
PI INITIALS

_____ I understand that Add Health shall be able to visit within a year of contract termination to confirm the data has been destroyed.
PI INITIALS

EXTERNAL HARD DRIVE (EHD)

_____ The Add Health data has been stored on an external hard drive and one or more computers have been approved for use with the EHD.
PI INITIALS

_____ I confirm that all temporary data analysis files have been securely erased from all computers approved for use with this EHD.
PI INITIALS

_____ I confirm all data files have been removed from this EHD: using this secure erasure software _____ (or enter "EHD was physically destroyed") on this date _____ by this person _____
PI INITIALS

_____ I understand that Add Health shall be able to visit within a year of contract termination to confirm the data has been destroyed.
PI INITIALS

SERVER

_____ The Add Health data has been stored on a server and one or more computers have been approved to access the server.
PI INITIALS

_____ I confirm all temporary data analysis files and data files have been removed from this server: using this secure erasure software _____ on this date _____ by this person _____
PI INITIALS

_____ I understand that Add Health shall be able to visit within a year of contract termination to confirm the data has been destroyed.
PI INITIALS

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CONTRACT TERMINATION FORM
(continued)

Section II: Data CDs – Please respond to just one section to describe the status of the data CDs.

Add Health data was provided on one or more CDs but the CDs have not been stored.

_____ I confirm that the CDs provided were **previously returned** to Add Health.
PI INITIALS

Add Health data was provided on one or more CDs but the CDs have not been stored.

_____ I confirm that the CDs provided were **previously destroyed**.
PI INITIALS

Add Health data was provided on one or more CDs and the CDs have been stored.

It is no longer required to return data CDs to Add Health.

Instead, document the destruction of them:

1-Take a picture of the intact CD(s) 2-Cut with scissors (one cut is enough) 3-Take a picture of the destroyed CD(s).

_____ I have destroyed the CDs and submitted before and after pictures of them.
PI INITIALS

Add Health data was provided only for download from the Portal (no CDs were provided).

_____ I confirm that I received the Add Health data only by download from the CPC Data Portal (no CDs were provided).
PI INITIALS

Add Health data was provided for use on UNC's SRW (no CDs were ever provided).

_____ I confirm that I accessed the Add Health data only from UNC's SRW server (no CDs were provided).
PI INITIALS

Section III: Final Annual Report

Get the form here: <https://data.cpc.unc.edu/projects/2/view> (scroll down to see links for forms)

Not required at termination:

*** IRB notification *** Question 6 – list of current users *** Question 7 – list of users removed since last report

Email the Word version of the report (i.e., do not convert to a PDF).

_____ I have submitted a final Annual Report.
PI INITIALS

Section IV: Signature of the Principal Investigator of the Add Health contract

_____	_____	_____	_____
PI NAME	PI SIGNATURE	DATE	CONTRACT #

For Add Health Use Only:

Contract termination approved on: _____ by _____