

CERTIFICATE OF RETURN OR DESTRUCTION OF CONFIDENTIAL INFORMATION

Effective Date

Place

1. Parties

This document is made on _____ (_____) by:

Receiving Party

Individual

Full Legal Name

SSN / ID

Doc Series

Address

Addressed to:

Disclosing Party

Individual

Full Legal Name

SSN / ID

Doc Series

Address

2. SUBJECT-MATTER SCHEDULE & SPECIFICATIONS

Confidentiality Agreement (title and date)

Information and Materials Covered

Returned, Destroyed or Deleted, and How

Date Completed

Copies Kept and Why, if Any

3. EXECUTION & SIGNATURES

Receiving Party

Signature

Full Legal Name

Date
