

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.

I _____ certify that all data files received from Add Health have been securely erased. Add Health shall be able to visit within a year of contract termination, to confirm the data have been destroyed.

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.

Please initial each to acknowledge your agreement:

- ___ I have securely erased all temporary data analysis files.
- ___ I confirm all data files have been securely erased using secure erasure software: _____
- ___ I have submitted a final [annual report](#).
- ___ I returned all CDs containing Data Files following the instructions below.
- I shipped via ___ FedEx ___ UPS, and the tracking number is: _____

<p><u>SHIPPING INSTRUCTIONS:</u></p> <ul style="list-style-type: none"> via FedEx or UPS with tracking signature required 	<p><u>SHIP TO:</u></p> <p>Add Health Contracts Carolina Population Center UNC-Chapel Hill Carolina Square, Suite 210 123 West Franklin Street Chapel Hill, NC 27516 (919) 962-6119</p>
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PRINCIPAL INVESTIGATOR'S SIGNATURE

DATE

CONTRACT #

For Add Health Use Only:

Contract termination approved on: _____ by _____