

2. Nature of Disposition

_____ Disposition shall be by destruction or deletion of data.

_____ Disposition shall be by a transfer of data. The data shall be transferred to the following site as follows:

[]

3. Schedule of Disposition

Data shall be disposed of by the following date:

_____ As soon as commercially practicable.

_____ By []

4. Signature

_____ Authorized Representative
_____ of Company
_____ Authorized Representative of _____ Date
LEA

5. Verification of Disposition of Data

_____ Date

By: Bobette Massaglia

Printed Name: Bobette Massaglia

Date: 2025-07-07

Title: Tech Director

SCHOOL DISTRICT NAME: Astoria CUSD 1

DESIGNATED REPRESENTATIVE OF LEA:

Name: Bobette Massaglia

Title: Tech Director

Address: 402 N Jefferson Street

Phone: 309-329-2156

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