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**SOUTHSIDE VIRGINIA COMMUNITY COLLEGE  
INFORMATION TECHNOLOGY  
SECURITY PLAN**

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**Data Protection – *Data Storage Media Protection***

***Storage Media Log Sheet***

SVCC Form ID: \_\_\_\_\_ *(IT Staff use only)*

1. Date: \_\_\_\_\_ Time: \_\_\_\_\_
2. Location: \_\_\_\_\_
3. Type of Media: \_\_\_\_\_
4. Quantity of Media: \_\_\_\_\_
5. Backup(s) for: \_\_\_\_\_
6. Delivered by: (Print name): \_\_\_\_\_
7. Signature of delivery person: \_\_\_\_\_
8. Authorized by: \_\_\_\_\_

IT Network Administrator