

## Chip-Off Procedure Written Approval Form

**NCSCCL Case Number:** \_\_\_\_\_

**Submitting Agency:** \_\_\_\_\_

**Submitting Agency Case Number:** \_\_\_\_\_

**Evidence Item Number:** \_\_\_\_\_

**Evidence Description:** \_\_\_\_\_

### Release of Liability for Potential Permanent Data Loss/Physical Damage to Evidence

IN CONSIDERATION OF receiving analytical results via related digital forensic techniques and/or methods employed by the North Carolina State Crime Laboratory's Digital Evidence Section (DES), the undersigned acknowledges and agrees:

1. That the risk of permanent data loss and/or physical damage as a result of the technique(s) and/or methods utilized in obtaining information from electronic evidence exists; and,
2. That DES forensic scientists are trained in the use and performance of such technique(s) and/or methods; and,
3. That the use of such technique(s) and/or methods necessary to obtain data from the evidence is authorized; and,
4. TO HEREBY RELEASE, HOLD HARMLESS, AND INDEMNIFY the North Carolina State Crime Laboratory and its directors, supervisors, agents, employees, other participants, and if applicable, owners and lessors of premises used to conduct the technique(s) and/or methods with respect to any and all data loss and physical damage incident to my authorization.

I have read this Chip-Off Written Approval Form and fully understand its terms.

\_\_\_\_\_  
Signature, Title, Badge Number

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Case Supervisor Signature, Title, Badge Number

\_\_\_\_\_  
Date Signed