



Canadian Campus
Wellbeing Survey

Bien-être sur les
campus canadiens

Appendix 7: Certificate of Destruction

File number (provided in your original approval letter): _____

Project title: _____

This is to certify that all copies of the data file transferred on (insert date) have been destroyed and can no longer be accessed.

SIGNATURE

Principal Applicant:

Name	
Position	
Signature	
Date	

Once completed, please send an original signed copy to:

survey@ccws-becc.ca

OR, by mail to

Canadian Campus Wellbeing Survey, Data Access Committee
c/o Guy Faulkner, School of Kinesiology
The University of British Columbia, Vancouver Campus
210-6081 University Blvd
Vancouver, BC V6T 1Z1