**Information Security Compliance Form**

*Please complete and return to the Office of Minority Student Affairs.*

I understand the account(s) assigned to me by Administrative Information Technology Services grants me access to information, which may be confidential.

I understand that my daily job responsibilities and activities in regards to this account may involve viewing sensitive and/or confidential data. I accept the responsibility for protecting this account from unauthorized access and agree to ensure that the access to this account is not disclosed to any other individual.

I affirm that I have read the University of Illinois **Information Security Policy for Administrative Information at** http://www.cam.illinois.edu/viii/VIII-1.2.htm

By my signature below, I certify that I fully understand and agree to comply with this policy.

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Name *(please print)*

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Account Owner's University ID Number Alternate Identification if a University ID Number is not available

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Account Owner's Signature: Date:

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Dept. Authorized Signature: Date:

*Remember: Even the most basic file can contain confidential information.*

 Acceptable forms of alternate identification include a valid driver's license number, a state identification number, or a

Social Security number. Please note that in accordance with Federal statutes and University policy (www.ssn.uillinois.edu),

providing a Social Security number is voluntary. All collected information, including the Social Security number will be

treated in a confidential manner and used only for the purpose of identity validation. The Social Security number will not be

disseminated in any fashion.