

Information Security Compliance Form

(To be retained by authorizing departmental office)

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 reviewing 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 (<http://www.fs.uiuc.edu/cam/cam/viii/viii-1.2.html>)

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

Account Owner's Name (Please Print)

Account Owner's UIN

Alternate Identification if a UIN is not available¹

Account Owner's Signature

Date

Department Authorized Signature

Date

¹ 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 (<https://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.