

## Information Security Compliance Form

*Please complete and return to Student Academic Affairs Office where it will be kept on file.*

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 available<sup>1</sup>

\_\_\_\_\_  
Account Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Authorized Signature

\_\_\_\_\_  
Date

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

<sup>1</sup> 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](http://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.