



# Information Security Office Access and Compliance Form (Non-Faculty)

**EMPLOYEE:** (Please read and submit your signed form to the Information Security Office, WA 387)

I certify that I have received training regarding the state and federal laws and University policies that govern access to and use of information contained in employee, applicant, and student records, including data that is accessible through campus operational systems, including the PeopleSoft Human Resource/Student Administration, PeopleSoft Finance System, and other related systems.

I understand that I am being granted access to this information and data based on my agreement to comply with the following terms and conditions:

- I will comply with the state and federal laws and University policies (including the Acceptable Computing Use Policy) that govern access to and use of information contained in employee, applicant, and student records, including data that is accessible through the Human Resource Information System. While a current summary is attached, state and federal laws may be revised that may necessitate additional training and requirements.
- My right to access information and/or data is strictly limited to the specific information and data that is relevant and necessary for me to perform my job-related duties.
- I am prohibited from accessing information or data that is not relevant and necessary for me to perform my job-related duties.
- I will be a responsible user of information and data, whether it relates to my own unit or another unit.
- I will store information and data that I obtain under secure conditions.
- I will maintain the privacy and confidentiality of the information and data that I obtain.
- I will make every reasonable effort to interpret the information and data I obtain in an accurate and professional manner.
- Before sharing information or data with others, electronically or otherwise, I will ensure that the recipient is authorized to receive that information or data and understands his/her responsibilities as a user.
- I will sign off the Human Resource Information System when I am not actively using it.
- I will keep my password(s) to myself, and will not disclose them to others unless my immediate supervisor authorizes such disclosure in writing.
- I will store and secure confidential and sensitive information, data, reports, etc. in a manner that will maintain their confidentiality when I am not actively using them.
- I will dispose of confidential reports in a manner that will preserve their confidentiality when I have finished using them.

I understand that if I misuse personal information or data that I obtain through my employment, I will be subject to disciplinary action up to and including termination.

I certify that I have read this Access and Compliance Form, I understand it, and I agree to comply with its terms and conditions.

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NetID	Name (please print)	Signature
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Title	Department	Date
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