

# 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 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 reviewed the [Information Security Policy for my applicable University](#).

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

Account Owner's 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:

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*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.