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Security



Information Security Compliance Form

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(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 read the University of Illinois [Information Security Policy for Administrative Information](#).

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 University ID Number:

Alternate Identification if a University ID Number is not available:¹

Account Owner's Signature:

_____ Date: / /

Dept. Authorized Signature:

_____ Date: / /

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

¹Acceptable 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.

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