

Information Security Acknowledgement and Nondisclosure Agreement

User's Full Name

Section/Division/Organization

- As a user of the (ENTITY NAME) information resources, I may have access to information that is private in nature or classified as Confidential or High Risk.
- I have read the (ENTITY NAME) Information Security Policy and agree to follow the established guidelines.
- I will not disclose private, Confidential or High Risk information to unauthorized parties.
- Unless my job duties require, I will not access private, Confidential or High Risk information.
- I will not share my password used to logon to (ENTITY NAME) computer systems or applications.
- I will not use a user identification code (System User ID) or password belonging to someone else.
- I will not enter any data or change any data that I do not have permission to enter or change.
- I will not use, load, install, or operate any software on an (ENTITY NAME) owned computer or information resource without permission from the (ENTITY NAME) Information Technology Division.
- I agree to immediately notify the (ENTITY NAME) Information Technology Division if I know or suspect violations to the (ENTITY NAME) Information Security Policy.
- I understand that any violations of the policy can result in disciplinary action, revocation of computer access, and may subject me to criminal penalties.

Signature of User

Date

I acknowledge that this employee, Contractor, Intern, Consultant, or any other temporary worker has been provided access to the (ENTITY NAME) Information Security Policy. I also acknowledge that this employee has been provided only with the computer access needed to do his or her job.

Signature of User's Supervisor

Date

System User ID (assigned by administrator) _____