UNIVERSITY OF RICHMOND
INFORMATION SECURITY STATEMENT

It is the policy of the University of Richmond to view information as a business asset. Misuse or
damage of information may be as costly to the University as would misuse or damage of physical
property. Your responsibility for the protection of University information is outlined below. Please
read it carefully before signing.

1. I will use University information and third-party proprietary information in my custody only for
   the performance of official University business in the ______________________ office.

2. I will not alter or in any way change University information except in the performance of the
duties of my job.

3. I will not divulge University or third-party information whether in electronic or printed format, to
   anyone unless their relationship with the University as an employee, customer, or contracted
temporary employee warrants it.

4. I will maintain confidentiality of all data or information in accordance with the policies and
   procedures of the University, the ______________________ office, and any state or federal laws.

5. I will not intentionally attempt to gain access to information or facilities to which I am not
   specifically authorized.

6. I will use the data processing facilities of the University only in a manner consistent with my job
   function and for conducting official University business. I will maintain a secure workstation
   environment.

7. I am aware that any user IDs or passwords assigned to me are to be used only by me and are not
   to be divulged to any other party.

8. I am aware that failure to comply with any of the above noted conditions may result in my being
disciplined or terminated from my position. I am also aware that the University retains the right to
pursue prosecution when misuse of its information and computing resources is suspected.

I understand my responsibilities with respect to ensuring appropriate security, confidentiality, use,
and disclosure of official University data.

NAME___________________________________________PHONE____________

DEPARTMENT/SCHOOL _____________________________________________

DEPARTMENT HEAD______________________________________________DATE___________
   (signature)

STUDENT _________________________________________DATE____________
   (signature)