



UNIVERSITY OF RICHMOND
FOUNDED 1830

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)