GLBA Information Security Program: Compliance Certification Form

Complete and submit to the Controller’s Office.

Department Name: ________________________________

Please check all statements that apply:

☐ I certify that an annual review has been completed of the risks and safeguards to protect customer information according to the Information Security Program. Based on this review or other changes in our unit, any necessary changes have been made to procedures or practices to ensure adequate safeguarding of data in our care.

☐ I certify that my college or major administrative unit is aware of, understands, and complies with standard University policies and practices regarding the protection and appropriate use of data in our care.

And select one:

☐ Our college or major administrative unit does not have relationships with service providers who handle or maintain customer information covered by the GLBA.

☐ Our college or major administrative unit does have relationships with service providers who handle or maintain customer information covered by the GLBA. All service providers are contractually bound to maintain appropriate safeguards. If using a University-approved service provider, select this option (the official Purchasing Services bid process was used to select the vendor).

Service Provider Names:

________________________________________________________________________

Additional comments:

________________________________________________________________________

Submitted By: ____________________________________________________________

Title: ___________________________________________________________________

Date: ___________________________________________________________________