

NEVADA SYSTEM OF HIGHER EDUCATION  
iNtegrate IMPLEMENTATION SECURITY AGREEMENT

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Institution: \_\_\_\_\_ MS: \_\_\_\_\_ Dept: \_\_\_\_\_

Circle Access Requested: IDP   DEV   EPM

It is the policy of the Board of Regents that sensitive data maintained or transmitted by a NSHE institution must be secure. "Sensitive data" is defined as any data associated with an individual, including but not limited to social security number and data that is protected by Board policy, or state or federal law.

As an employee of the NSHE, I understand that I may have access to various types of confidential and restricted information in the course of the iNtegrate implementation. Examples are student personal data, student academic records, student financial records, employee records, and university business.

It is my responsibility to safeguard any and all confidential information and ensure that it is used appropriately. I will not: (i) use any confidential information except in my work for the NSHE; (ii) copy any confidential information except as necessary to such permitted use; (iii) publish, disclose or provide access to any confidential information except in limited disclosure and access to another NSHE employee who needs to know for the same permitted use or as otherwise directed by the NSHE; (iv) download any sensitive information to my workstation, laptop, USB, or other device. Under no circumstances will I remove, or permit the removal of any materials containing confidential information from NSHE premises.

Your userID and password are specifically meant for you to have access to the tools and data that you need. You will be held responsible for all activity associated with your login.

**I have read and agree with the Campus Computing Usage Agreement, the Board of Regents policy (Title 4, Chapter 1, Section 7), and my institutional policies and procedures.** I understand I am responsible for reading, understanding and complying with the Family Education Rights and Privacy (FERPA).

**VIOLATION OF THIS AGREEMENT WILL RESULT IN DISCIPLINARY ACTION INCLUDING  
TERMINATION OF ACCESS**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Project Lead Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Project Lead Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Issued by (SCS): \_\_\_\_\_ Date: \_\_\_\_\_  
ID Issued to User: \_\_\_\_\_