

MICHIGAN STATE

U N I V E R S I T Y

ACKNOWLEDGEMENT

Institutional Data Policy

I am aware of and have read the Michigan State University Institutional Data Policy. I understand that if I have questions, at any time, regarding my responsibilities under the Institutional Data Policy, I should consult with my immediate supervisor or unit administrator.

Employee Printed Name: _____

Employee Signature: _____

Department/Unit Name: _____

Date: _____

(This form is for all individuals who have assigned duties and responsibilities that involve the handling of the data and records, held in any form or medium, for the administration, operation, or governance of the university.)

The form should be filled out and signed, at least once, by each individual when they are first given roles requiring access to institutional data. The original signed form should be kept on file by that individual's Major Administrative Unit security officer. A new form should be filled out and signed when an individual has a change in MSU unit or has a legal name change.)

Updated April 2015