

**THE UNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVESTON INFORMATION
RESOURCES SECURITY ACKNOWLEDGMENT AND NONDISCLOSURE AGREEMENT
UTMB STUDENT**

Ensuring the security and integrity of the University of Texas Medical Branch at Galveston's information and information resources is the responsibility of all UTMB faculty, students, staff, and others who may use its information resources. The importance of protecting the reliability and accuracy of these information resources cannot be over emphasized. UTMB's academic, business, clinical, and research functions have become increasingly dependent on automation to access, process, store, and transmit information. The success of this university's missions depends on this information. The security and integrity of this information depend on each of us.

UTMB calls on all faculty, students, staff, and others who may use its information resources to fulfill the obligation of protecting these valuable information resources.

1. I understand and agree to abide by the following:
 - a. ANY information concerning ANY person, system, or asset of UTMB that is obtained while performing my duties is of value to this university and may be confidential or sensitive, regardless of medium. I will NOT disclose any information to any individual, unless such release of information is directly related to the performance of my responsibilities.
 - b. ALL passwords to information resources including, but not limited to, mainframe applications, network systems, voice mail, copy machines or long distance telephone use that I receive or devise are confidential and are to be used only by me. I will NOT disclose to any unauthorized person any password(s) I am given or devise and I will NOT write such password(s) or post them where they may be viewed by unauthorized persons. Use of a password not issued specifically to me or to a group of which I am a member is expressly prohibited. I am responsible for all transactions performed as a result of access authorized by use of my password.
 - c. I will NOT attempt to circumvent the computer security system by using or attempting to use any transaction, software, files or resources that I am not authorized to use.
 - d. I will NOT alter or in any way change information except in the performance of the duties of my job.
2. I understand and will comply with all policies, standards, and procedures adopted to safeguard information and associated information resources. Further, I acknowledge that I have received, read and understand the security policies outlined above and in the Information Resources Security Manual.
3. I understand that failure to comply with any of the conditions noted herein may result in my being disciplined or terminated from my position, and/or contract. I further understand that the university retains the right to pursue prosecution when misuse of its information and/or information resources is suspected.

Sign agreement and return to: Information Security Officer, Route: 0849 Fax: 409 747-9061

My signature below represents my acknowledgment that I have received, read, and understand the security policies as outlined in the Information Resources Security Manual.

NAME (PRINT in Last, First, Middle format):
Student Personal Identification (PID) Number: P
DATE OF BIRTH (MM/DD/YY):
PAGER:
CONTACT PHONE:
START DATE:
ORGANIZATION (Check one): <input type="checkbox"/> Graduate School of Biomedical Sciences <input type="checkbox"/> School of Allied Health Sciences <input type="checkbox"/> School of Nursing <input type="checkbox"/> School of Medicine
DATE OF SIGNATURE:
SIGNATURE: