



ELECTRONIC ACCESS AGREEMENT

Name (Please Print Legibly): _____

Employer/Department: UVA-Wise/ _____

Email address: _____ Date: _____

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|--|
| Check one: |
| <input type="checkbox"/> Faculty |
| <input type="checkbox"/> Adjunct Faculty |
| <input type="checkbox"/> Staff |
| <input type="checkbox"/> Temp |
| <input type="checkbox"/> Work Study |
| <input type="checkbox"/> Spec. Payroll |

1. I will not disclose my password to other individuals, and acknowledge that the combination of my computing ID and password is considered equal to my electronic signature. I understand that I will be held responsible for the consequences of any misuse occurring under my computing ID and password due to any neglect on my part.
2. I will not use another person's computing ID and password. If I have reason to believe that my computing ID and password, or those of another individual have been compromised or are being used by a person other than the individual to whom they were issued, I will report it to the Security and Policy Coordinator, 281 Smiddy Hall IT Center.
3. I agree to access and alter only the information for which I have responsibility or authorization, and not to view information that I have no need to see as part of my responsibilities. I also understand that access to or use of a UVA-Wise, University, Medical Center or Health Services Foundation information system and the data it contains for my own personal gain or profit, for the personal gain or profit of others, or to satisfy personal curiosity is strictly forbidden.
4. I will respect the confidentiality of individuals to whose information I have been given access. I will not view or disclose that information except as required by my responsibilities and as allowed by UVA-Wise, University, Medical Center and Health Services Foundation policies and applicable law.
5. I understand that the transactions processed with my electronic access may be audited, and appropriate action will be taken if improper uses are detected.
6. I agree to follow the privacy, security, and other computing policies and procedures established by UVA-Wise, the University, Medical Center, and Health Services Foundation, as well as state and federal security and privacy laws and regulations, which apply to the use of my computing ID and password and to the information and the systems I access.
7. I understand that the use of personal/personal use storage media, including but not limited to USB "thumb" drives, cell phones (including Android® and iPhones®), iPads®, College owned hard drives used for backup and stored on-site, external hard drives, Dropbox®, Sparkle Share®, and/or similar applications, "the cloud", etc. is not encouraged and may lead to theft and/or exposure of data/information to known and/or unknown sources. If I choose to store College data and/or information on such devices, said data/information cannot contain any sensitive and/or critical data including, but not limited to: Social Security Numbers; students, their personal information and/or their grades; ID numbers; personnel action items (i.e. evaluations, reprimands, terminations, etc.). I also agree that if I use these storage methods I will grant the Office of Information Technology at The University of Virginia's College at Wise, and/or their representative, the right and access to scan these devices/medias for disallowed/inappropriate content following proper procedure. Furthermore, upon termination of employment, all College information/data must be removed from these devices/medias. I also understand and agree that I, neither UVA nor UVA-Wise, will be solely liable for all compensation/fees/issues etc. stemming from any breach of security on these devices/medias.
8. I understand these policies apply to both fixed and mobile devices (such as, but not limited to cell phones, android devices, iPhones®, iPads®, PDAs, Blackberrys®, and text-enabled pagers). I also agree to safeguard the information I access and the devices assigned to me and/or personal devices/media containing College information/data and report any losses, and/or breaches, promptly to the police and the UVA-Wise Security and Policy Coordinator, 281 Smiddy Hall IT Center.
9. My signature below indicates that I have read, understand, and agree to abide by these 8 requirements. Failure to do so may result in the revocation of my system privileges and/or disciplinary actions, including termination of my employment.

Signature

Send [original](#) signed document to: UVA- Wise, IT Security and Policy Coordinator, 281 Smiddy Hall IT Center