CALIFORNIA STATE UNIVERSITY, BAKERSFIELD SHARE FOLDER ACCESS DESIGNEE FORM

Share Folder Access Designee

By signing below, I acknowledge that CSUB employees must sign a CSUB confidentiality agreement form prior to allowing access to our department share folders. Furthermore, if confidential level 1 data is saved within these folders, I certify that all individuals that have access to our department share folders have completed the Security Awareness Training.

Note: Please review the following policies and standards: <u>http://www.calstate.edu/icsuam/sections/8000/8065.0.shtml</u>, <u>http://www.calstate.edu/icsuam/sections/8000/8065.0.shtml</u>, <u>http://www.calstate.edu/icsuam/sections/8000/8035.0.shtml</u>, and http://www.csub.edu/ITS/about/security/index.html

Share Folder Designee (one form per designee)

Name	Signature	CSUB ID #
Share Folder Name(s):		
Do you plan to store confide	ntial data in this share?	Yes No

MPP/ADMINISTRATORS/DEPARTMENT CHAIRS

My signature below certifies that ______, an employee under my supervision, can manage user access to our Department share drive (V:) as needed and without further notification to ITSS.

MPP/Administrator/Department Chair

Name

Signature

Date

FOR INTERNAL USE ONLY After All Required Signatures - Return to: ITS-Business Office (x2626)

ServiceNow Ticket: Initial_____#_