



UNIVERSITY OF WISCONSIN-STEVENS POINT

REQUEST FOR STORAGE OF SENSITIVE DATA

EMPLOYEE / STUDENT NAME:	DATE:
EMPLOYEE / STUDENT ID:	POSITION TITLE:
DEPARTMENT:	PHONE NUMBER:

I request approval to store highly sensitive data. I acknowledge my responsibility to treat this data with the utmost care and meet all of the requirements specified in the Institutional Data Access and Protection Policy available at <http://www.uwsp.edu/infosecurity/policies>.

What type of sensitive data do you wish to store?
 Check only one. Complete a separate form for each data type.

Student SSN (send to Registrar)
 Employee SSN (send to Personnel Director)
 Credit Card Number (send to Controller)
 Financial account information (send to Controller)
 Health information (send to Health Services Director)
 Driver's License/ID (send to InfoSecurity Office)
 Passwords (send to InfoSecurity Office)

Describe why you wish to retain sensitive data (i.e. purpose):

Describe where this sensitive data will be located (i.e. laptop, network drive, desktop, file cabinet, etc.):

Describe the department or unit that this sensitive data originated from (if known). List any other departments or units with whom you are sharing this information.

Department Head Signature:
 I certify that the requestor needs this access to do their job and the information on this request is accurate.

FOR DATA STEWARD USE ONLY

<input type="checkbox"/> APPROVED DATE:	<input type="checkbox"/> NOT APPROVED DATE:
ACCESS GRANTED UNTIL:	REASON FOR NON-APPROVAL:

DATA STEWARD SIGNATURE: