



Security Form and Non-Disclosure Agreement

Full Name: _____ Institutional Person Id: _____
Title: _____ Department: _____
E-Mail Address: _____ Date: _____
Phone Number: _____ Institution: _____

Required System Access: [X] www.hetgroup.org
[] Student [] Finance [] Credit & Collections [] Personnel/Payroll
[] Facilities [] Financial Aid [] Security [] Utilities
[] Other _____

Add to Email Distribution List: [] Student [] Finance [] Credit & Collections [] Personnel/Payroll
[] Financial Aid [] State Reporting [] Other _____

Eligible Log Sponsor: [] Student [] Finance [] Credit & Collections [] Personnel/Payroll
[] Facilities [] Financial Aid [] Security [] Utilities

I, the undersigned, hereby certify that I am employed by or an authorized agent of one of the member colleges of the Higher Education Technology Group (HETGroup). I agree to the following conditions governing the software system, and to my access of any information contained within the nine member institutions and Baseline:

- 1. I acknowledge that HETGroup software contains proprietary and confidential information. This information includes but is not limited to: HETGroup source code, user manuals, as well as all student, personnel and financial data contained in the Baseline System.
2. I acknowledge that access to the HETGroup Baseline system will allow me to view data of a personal and confidential nature and that such data may not be copied, published or disclosed to anyone. The download of data to Laptop Computers is strictly prohibited. Student Data is fully protected under the provisions of the Family Education Right to Privacy Act (FERPA). Additional laws from the State of Florida guarantee the privacy of all personnel and financial data contained in the system.
3. I agree to maintain the confidentiality of HETGroup's proprietary information. I agree not to disclose, distribute or otherwise make available this information to any person(s) not an employee or consultant authorized by HETGroup to receive such information.
4. I agree that I am responsible for all data accessed under this user ID and password.
5. I agree that this User ID and Password will not be shared with another person under any circumstances.
6. I understand that questions concerning any points listed above shall be directed to the HETGroup Security Administrator - security@hetgroup.org

AGREED

Signature: _____

Printed Name: _____

HETGroup Internal Use Only
UNIX Id: _____
Web Id: _____
Date Completed: _____

Keep a copy for your records and fax the completed form to HETGroup Security Admin (954) 761 1905