

# Technology Business Support Services

## *Instructions for completing the Information Security Policy, Standards and Acceptable Use Awareness Acknowledgement Form*

1

The Information Security Policy, Standards and Acceptable Use Awareness Acknowledgement Form must be signed prior to requesting access.

Print a copy of this form.



2

Print legibly and identify your division, office or locality.



3

Have your signature witnessed when you date and sign the form.



4

**Your security officer will keep the form on file.**



**Virginia Department of Social Services  
Information Security Policy, Standards and Acceptable Use  
Awareness Acknowledgement Form**

The Virginia Department of Social Services (Department) provides computers and computer accounts to its staff to assist them in the performance of their jobs. The computer systems and networks belong to the Department and the user may use the system for authorized purposes only.

I understand that it is my responsibility as a user to read and abide by the:

*VDSS Information Security Policy  
VDSS Information Security Standards  
VDSS Acceptable Use Policy*

even if I do not agree with them. If I have any questions about the policies or standards, I understand that I need to ask my security officer or the VDSS Information Security Officer [security@dss.virginia.gov](mailto:security@dss.virginia.gov).

I understand that any and all databases and files I have access to may have confidential information. I understand that I am prohibited from making any unauthorized access or disclosure of confidential information. I understand that I must protect data processing and telecommunication equipment, network, software and data from accidents, misuse and unauthorized use or disclosure.

I understand that violation of this agreement may result in disciplinary action or prosecution if I knowingly and intentionally misuse any information obtained from the Department's data processing and telecommunications equipment, network, software or data.

I understand that VDSS has the right to monitor any and all aspects of their computer systems and networks, Internet access and E-Mail usage and that this information is a matter of public record and may be subject to inspection by the public and VDSS management. I further understand that I should have no expectation of privacy regarding Internet usage and sites visited or e-mails sent or received, even if the usage was for purely personal purposes.

My Signature below acknowledges my understanding of the VDSS Information Security Policy, Standards and Acceptable Use Policy.

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Division / Office / Locality

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Print Witness' Name

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date Witnessed

**This form is to be retained by the local security officer**