



# Special Data Audit Request

Norfolk State University  
Office of Information Technology  
Marie V. McDemmond Center for Applied Research, Suite 401  
Norfolk, VA 23504  
(757) 823-2916 FAX (757)-823-2128

By completing the below information, the signatory agrees to the following provisions:

1. No employee of Norfolk State University shall disclose any information contained on any computer or computer system of the University to any person or agency except as outlined below:
  - a. Those officers or employees of the University who maintain the information and who have a need for the data in the performance of their duties,
  - b. For the routine use of the data for which the data was collected, and
  - c. To an authorized person who has provided the University with advance written assurance that the information will be used solely for statistical reporting and that the data cannot be identified as pertaining to a single individual.
2. Abide by all applicable Commonwealth of Virginia, VITA, and NSU policies, procedures and standards, including:
  - a. Norfolk State Policy 60.201: Acceptable Use of Technological Resources
  - b. Norfolk State OIT Policy 62.002: Electronic Data Privacy and Ownership
  - c. Commonwealth of Virginia Policy SEC500-02: Information Technology Security Policy (VITA)
3. Understands this form does not supersede the Family Educational Rights and Privacy Act (FERPA) or Health Insurance Portability and Accountability Act (HIPAA)

**(Please print clearly. All fields on Section I must be filled out)**

<b>Section I</b>	<b>Request Date:</b>	<b>Name of Person Needing Access (Last, First):</b>	<b>Phone Number:</b>	
	<b>Department/Office:</b>		<b>Building:</b>	
	<b>Room Number:</b>			
	<b>Justification:</b>			
	<b>Requestor Name:</b> <i>(Print)</i>		<b>Signature:</b>	
	<b>Vice President:</b> <i>(Print)</i>		<b>Signature:</b>	
<b>OIT ISO Approval/Date:</b>		<b>Signature:</b>		

Check the boxes below to request access for the appropriate type

<b>Section II</b>	Account username or computer name to be accessed or monitored:		
	<b>Data to be collected:</b> <input type="checkbox"/> Files <input type="checkbox"/> Email <input type="checkbox"/> Other:	<b>Usage to be monitored:</b> <input type="checkbox"/> Keystrokes <input type="checkbox"/> Internet Activity <input type="checkbox"/> Other:	
	Original Files and location:	Start Date:	
		Stop Date:	
	Location to copy files to:	Location or person to deliver logs:	

**Send completed form to:** OIT, Attn: Security Team, McDemmond Center, Suite 401, Norfolk, Virginia, 23504 or Fax to (757)823-2128 or email a scanned PDF to [security@nsu.edu](mailto:security@nsu.edu)