

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 University Policy 32-01: Acceptable Use of Technological Resources
 - b. Commonwealth of Virginia Security Standard SEC501: Information Technology Security Standard (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)

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

Check the boxes below to request access for the appropriate type

Section II	Account username or computer name to be accessed or monitored: (explain in details what is needed)	
	Data to be collected:	Usage to be monitored:
	<input type="checkbox"/> Files <input type="checkbox"/> Email <input type="checkbox"/> Other:	<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 Norfolk State University's Information Security Officer (ISO), James Stevens, email jlstevens@nsu.edu

Revised 12/07/2020