



SECURITY/CONFIDENTIALITY STATEMENT FOR STATE BOARDS & AFFILIATES

I, \_\_\_\_\_, \_\_\_\_\_ a representative or affiliate of  
(Name) (Title – Staff, ED, IT, Board, other)

the \_\_\_\_\_ State Board of Accountancy, acknowledge I have been granted access to NASBA’s information systems resources, which may include, but are not limited to, secure file transfer protocol (SFTP), Gateway system, Accountancy Licensee Database, and/or related systems/files. This Security and Confidentiality Statement applies to all information that is retrieved, recorded, transmitted, stored, and/or processed manually or electronically.

I further acknowledge the data contained in, and accessed using, NASBA’s information systems and network, and any other automated system that I may use in the course of performing my work with NASBA or a board of accountancy, shall remain confidential in accordance with NASBA’s **Data Confidentiality and Classification Policy and Standards**. As a result, I shall not discuss, disclose, modify, provide, or otherwise make available, in whole or in part, such confidential information unless authorized for specific business purposes of the board of accountancy.

I agree NOT to share login IDs and/or passwords with any other persons, including co-workers, family, external or internal resources. I also agree that if under any circumstance I am required to share my login ID/password for troubleshooting purposes, I **will change my password immediately** upon correction of the problem(s).

I understand it is my responsibility to protect data and systems from tangible/intangible destruction. I agree to take all precautions to ensure protection, confidentiality, and security of information and related resources.

I also agree my obligation is to maintain confidentiality and security of all information prior to, during, and after termination of any agreement, relationship, and/or employment with the State Board of Accountancy. Additionally, I understand that my access to any/all information/resources will be revoked upon termination or upon authorization.

Additionally, in the event of the receipt of an Appeals Package, the State Board of Accountancy hereby assumes responsibility for the launch/opening of the subject package and that it will only be launched/opened by the Board’s Director using proper ID and Password.

By signing this agreement, I acknowledge the following: (i) I have read and I understand this agreement; (ii) I will comply with the security policies set by the State Board of Accountancy and NASBA; (iii) I understand the consequences of violating said policy and agreement, up to and including termination; and (iv) I agree to be bound by applicable security/confidentiality requirements and contractual obligations.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_ Direct Ph # \_\_\_\_\_

Authorizing Signature \_\_\_\_\_ Date \_\_\_\_\_  
(As applicable/necessary)

Authorizing Email Address for Verification \_\_\_\_\_  
(As applicable/necessary)

**Please send your signed copy to Elizabeth Stanton  
Email: estanton@nasba.org – Phone/Fax 615-564-2143**