

Name: \_\_\_\_\_

Employer:     CalSTRS       Other – Contractor/Entity Name: \_\_\_\_\_

By signing this form, I hereby acknowledge that confidential, sensitive, and personally identifiable information is protected from disclosure by law, regulation and policy. I further acknowledge that protecting this information is in the member’s interest, the State’s interest and my own personal interest. I also acknowledge that CalSTRS strictly enforces information security. I understand that accessing member accounts of family, friends and acquaintances is strictly forbidden and may result in consequences including termination.

I, \_\_\_\_\_ agree to protect from disclosure all confidential, sensitive, and personally identifiable information including, but not limited to:

- Member account information.
- Claimant and employer information.
- Information about individuals that relates to their personal life or identifies or describes an individual.
- Other agencies’ confidential and proprietary information.
- Employee personnel, medical, or other personally identifiable information.
- Methods agencies use to safeguard information, including systems, networks and server configurations, etc.
- All security-related devices or information, such as tokens, access cards, User IDs, or related passwords.

I, \_\_\_\_\_ agree to protect the foregoing information in the following ways:

- Access, inspect, use, store, disclose, or modify information *only* to perform official duties.
- Never access, attempt to access, inspect, store, use, disclose, or modify information, including my own, for curiosity, personal gain, or any non-business related reason.
- Never remove or transport documents containing confidential, sensitive or personal information from CalSTRS or an approved CalSTRS facility without express written permission.
- Video or photographs of non-public areas of CalSTRS is only permitted with CalSTRS issued devices and only if authorized by your management.
- Never make audio recordings of CalSTRS’ employees or non-public activities without express written permission from management.
- Secure confidential, sensitive, and personal information in approved locations as defined by Enterprise Information Management.
- Comply with all CalSTRS policies, standards and procedures for secure transportation, handling and destruction of all data.
- Return all security devices and immediately cease using User ID and password upon separation from CalSTRS.
- Always lock (Ctrl + Alt + Del) computer systems that I have accessed when unattended.

I, \_\_\_\_\_ acknowledge acceptable activities are those in accordance with the laws and policies of, the United States Government and the State of California, and consistent with the policies, purpose, goals, and mission of CalSTRS; as appropriate to my assigned job duties and responsibilities.

I, \_\_\_\_\_ expressly consent to CalSTRS monitoring of my activities on all devices including, but not limited to: access to systems or facilities information, phone, email, network, and server information. I also have no expectation of privacy regarding information created, used, and stored using CalSTRS resources.

## REFERENCE

CalSTRS' Information Security Policy; Civil Code section 1798 et seq; Education Code section 22306, Government Code section 11019.9; Federal Acquisition Regulation (48 CFR 27.402 Policy), and State Administrative Manual section 5300-5360.1

## CERTIFICATION

**I certify that I have read this document and understand information security is strictly enforced. I certify that unauthorized access, inspection, use, storage, disclosure, or modification of confidential, sensitive, non-public, or personal information, including my own, or any attempt to engage in, or failure to prevent such acts is prohibited and may result in disciplinary and/or legal action taken against me.**

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Employee/Contractor Name (print)

Signature

Date

## REQUIREMENT

***New employees*** must have a completed form (ISO 1949) on file with the Office of the General Counsel prior to being granted access to any CalSTRS systems or information.

***Annually***, during the CalSTRS Policy Recertification Acknowledgement process: all employees will be required to complete form (ISO 1949) to maintain their access to any CalSTRS systems and information.

## WHERE TO FILE

Route or mail completed forms to:

***CalSTRS Office of the General Counsel- Office of Legal Ethics & Accountability***

PO Box 15275, MS-03

Sacramento, CA 95851-0275

## ASSISTANCE

Contact the Information Security Office at (916) 414-1999 (or) [ISO@CalSTRS.com](mailto:ISO@CalSTRS.com) if you have questions or need assistance completing the form.