



Information Security Awareness (ISA) Pledge

Information Security Is Everyone's Responsibility



Please PRINT: _____
Last Name First Name Provider's Complete Business Name

I Pledge To:

1. Take personal responsibility for security and use safe web, e-mail, and download security practices as outlined in the accompanying Information Security Awareness training.
2. Lock my computer whenever I leave my work area.
3. Protect mobile devices in my possession physically as well as by using applicable security features.
4. Use strong passwords and never share them with anyone.
5. Follow DJJ's IT policies and promptly report all security incidents or concerns to my supervisor and my DJJ Contract Manager, who will then report the incident to DJJ's Information Security Manager as applicable.
6. Safeguard confidential data from unauthorized access, disclosure, loss, or theft.
7. Not post personal, confidential, or non-public information on social media.
8. Report any known or suspected Information Security incidents as outlined in this training.

Acknowledgment *(Please PRINT clearly)*

A signed acknowledgment form must be received by the applicable DJJ Data Integrity Officer before access is granted to any form of DJJ/JJIS data.

I, _____ acknowledge that I have taken DJJ's ISA Pledge and
(Please Print 1st and Last Name) completed the required training course.

I understand the annual training requirement set forth by FDJJ 1215. I will abide by DJJ's IT Security policies as well as related state and federal IT Security laws. I understand that unauthorized access, transmission, disclosure, and destruction of IT Resources (i.e. data, applications, hardware, network etc.) may result in revocation of system access and/or disciplinary action, up to and including dismissal and/or potential criminal prosecution. I am responsible for safeguarding my access to the DJJ's IT Resources. I will not share my access permissions with anyone for any reason. I will not misuse my access permissions under any circumstances.

Provider/Contractor's Signature Date Provider's Complete Mailing Address

DISTRIBUTION:

ORIGINAL: Applicable DJJ DIO

COPY: Applicable DJJ Contract/Grant Manager

COPY: Authorizing Supervisor/Manager of Signed Provider/Contractor