**Personal Acknowledgement Form for Access to External Confidential/Proprietary Information**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand and acknowledge the following:

1. Access to External Party Confidential/Proprietary Information is a privilege. Unauthorized access, use for an unpermitted purpose, and or mismanagement of such information risk economic and strategic injury to the information owner and reputational harm and legal complications for Purdue University and me.
2. As an employee, student or appointee of Purdue University, I understand that I am bound by the restrictions in confidentiality agreements signed by Purdue University and am personally accountable for a breach by me.
3. I will diligently preserve, safeguard and prevent unauthorized access, unpermitted use, and unauthorized disclosure, dissemination or publication of External Party Confidential/Proprietary Information, whether physically and electronically. If specific measures of care are required in an applicable confidentiality agreement, I will also follow those measures.
4. I will only access External Party Confidential/Proprietary Information when I have a legitimate Purdue need and am authorized to do so.
5. I will limit my use of External Party Confidential/Proprietary Information to only the setting and purpose authorized by the owner of the information.
6. Prior to sharing External Party Confidential/Proprietary Information with any person, I will confirm that:
	1. The confidentiality agreement permits Purdue to share the information through me.
	2. The recipient is an eligible recipient under the confidentiality agreement and has signed a Personal Acknowledgement form and the form is on file with The Research Information Assurance Officer, and,
	3. The recipient understands the required measures of care and the permitted uses of the External Party Confidential/Proprietary Information.
7. In the event of discovery of any unauthorized access or use, use for an unpermitted purpose, theft, loss or unauthorized disclosure of External Party Confidential/Proprietary Information in my care, I will report the details to the Research Information Assurance Officer immediately
8. Prior to leaving University, I will ensure all External Party Confidential/Proprietary Information is returned or disposed of according to the instructions of the information owner.
9. I understand that Confidential/Proprietary Information is also subject to U.S. Government Export Control laws. If I am not a U.S. Person (U.S. Citizen or U.S. Permanent Resident), I also understand there may be limits to the Confidential/Proprietary Information to which I may be granted access and, if I am informed that I am not authorized to receive specific such information, I will not seek to gain access.
10. I understand that continued access to External Party Confidential/Proprietary Information will require continued training and certification.

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| **Purdue Employee, Student, or Appointee requesting access to External Party Confidential/Proprietary Information:** | **Institutional Authority (Research Information Assurance Office)**: |
| **Signature:** | **Signature:** |
| **Name:**Click here to enter text. | **Date:** Click here to enter a date. | **Name:**Click here to enter text. | **Date:**Click here to enter a date. |
| **I am a U.S. Person:** **(U.S. Citizen, U.S. Permanent Resident)** | **Yes** [x]  | **No** [ ]  | **If not a U.S. Person, Please indicate country of citizenship:**Click here to enter text. |