

Workstation Security Acknowledgement and Attestation

Project Designation & PI Signature

Project Name			
Box Folder Requestor (PI) Name			
Requestor Signature & Date			
Reason for Data Sharing (check all that apply)	IRB Approved Collaboration		
	Data Use Agreement to share a Limited Data Set		
	Business Associate Agreement		
	Health Care Delivery		
IRB Protocol Number (if applicable)			
IT Support Contact Info (dept IT name)			
SMPH Workstation Location(s)			

Divisional Security Coordinator & Locally Accountable IT staff

Printed Name	Signature	Date
Divisional Security Coordinator		
List IT staff starting in this Row		

UW-Madison Researchers / Collaborators

Printed Name	UW Dept	Signature	Date

non-UW Collaborators

Name	Affiliation	Date