**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Management Services

**LOCAL AGENCY DATA SECURITY STAFF**

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Please Print

|  |  |  |  |
| --- | --- | --- | --- |
| Name – Local Agency | | Name – Local Agency Director | |
|  | SECURITY OFFICER | BACK UP SECURITY OFFICER | FUNCTIONAL AGENCY SECURITY LIAISON (FASL) |
| Name – (Last, First, MI) |  |  |  |
| Job Title |  |  |  |
| Employing Agency |  |  |  |
| Address – Work (Street, City, State, Zip Code) |  |  |  |
| Telephone Number – Work |  |  |  |
| Fax Number – Work |  |  |  |
| Email – Work |  |  |  |
| Work Days |  |  |  |
| Work Hours |  |  |  |

I have read the client confidentiality regulations covered by state policy and federal/state statutes and understand their relationships to authorizing access to client information and will ensure such confidentiality.

|  |  |  |
| --- | --- | --- |
| **SIGNATURE** – Security Officer |  | Date Signed |
| **SIGNATURE** – Back up Security Officer |  | Date Signed |
| **SIGNATURE** – FASL Security Officer |  | Date Signed |
|  |  |  |
| **SIGNATURE** – Local Agency Director |  | Date Signed |

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