**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 |

DCF-F-DWSW11652 (R. 04/2013)