

DEPARTMENT OF INFORMATION TECHNOLOGY  
DATA CENTER ACCESS POLICIES AND PROCEDURES CONSENT FORM

I have read and been informed about the content, requirements, and expectations of the Data Center Access Policies and Procedures for Nicholls State University. I have received a copy of the policy and agree to abide by the policy guidelines as a condition of my employment and my continuing employment at Nicholls State University.

I understand that if I have questions, at any time, regarding the Data Center Access Policy and Procedures, I will consult with my immediate supervisor or security staff.

Please read the Data Center Access Policies and Procedures carefully to ensure that you understand the policy before signing this document.

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**Employee**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Printed Name: \_\_\_\_\_

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**TO BE FILLED OUT BY IT MANAGEMENT**

**Access Level Approved**

\_\_\_ 3.1.1 General Access \_\_\_ 3.1.2 Escorted Access \_\_\_ 3.1.3 Limited Access

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**Security and Identity Management Engineer Approval:**

Approval : \_\_\_\_\_ Approval Date: \_\_\_\_\_

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**Chief Information Officer Approval:**

Approval : \_\_\_\_\_ Approval Date: \_\_\_\_\_