

Protection of Personal Information Form

Adopted on: ##/##/2023

Approved on: ##/##/2023

I, _____ [printed name] _____, understand that the portable computing device, _____ [device ID number] _____, in my possession beginning on _____ [date] _____, may contain personal information and data. I also understand and acknowledge that I am responsible for restricting access to this device by any other person and for the protection of any personal information contained on the device.

In the event that I have cause to believe that the information contained on this device has been compromised in any way, I will immediately report this possible breach to the _____ County Public Library’s appointed “Point of Contact Officer” and report this incident and will provide any information requested to expedite an investigation of the incident.

The Library has ensured on the date listed above that this portable computing device supports appropriate data encryption software and that all information on the device is encrypted.

Signature of Employee

Signature of Point of Contact Officer

Portable device was returned on _____. There was no suspected compromise of personal data contained on this device while in my possession.

Signature of Employee

Signature of Point of Contact Office