

# FMIS SECURITY NON-DISCLOSURE FORM

Name (print): \_\_\_\_\_  
(Last Name, First Name)

Department: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

***My request for FMIS access has been approved, and I agree to be bound by the following terms:***

1. I will keep my RACF/FMIS user-id and password confidential, and if I need to write them down I will not leave it in public view or in easily accessible locations, e.g., on the terminal/PC, under the keyboard, in open desk drawers, etc.
2. I will not allow others to use my RACF/FMIS user-id and password. My access to FMIS is **NOT** transferable to any other person.
3. I will not disclose personally identifiable information contained in FMIS files and reports to unauthorized persons. I will use FMIS data only for purposes required of me to perform my work. Personally identifiable information are protected from disclosure pursuant to **Chapter 92F (Uniform Information Practices Act) of the Hawaii Revised Statutes and the Federal Family Educational Rights and Privacy Act (FFERPA)**.
4. I understand that there may be other information available from FMIS, which should be used within the Departmental Business Offices on a "need to know" basis.
5. I understand that if I do not comply with these terms, I may lose my access privileges to FMIS and, depending on the severity of my offense(s), disciplinary action may be taken against me.

\_\_\_\_\_  
Signature Date

Please return this signed document to:

FMIS Security Administrator  
c/o Info Tech Services, Systems Operations  
2565 McCarthy Mall, Keller 106  
Honolulu, HI 96822

**For FMIS Use Only**

\_\_\_\_\_  
Signature Date