

	REMOTE ACCESS CONFIDENTIALITY AGREEMENT FORM	Form No.	WVSU-MIS-SOI-06-F01
		Issue No.	1
		Revision No.	0
	WEST VISAYAS STATE UNIVERSITY	Date of Effectivity	June 23, 2025
		Issued by	MIS
	Page No.	Page 1 of 2	

REMOTE ACCESS CONFIDENTIALITY AGREEMENT FORM

This form is required to be accomplished for request permission to remotely access the WVSU systems specified below.

This agreement must be renewed annually or terminated at the option of the University. By signing this form, the requestor attests that they have reviewed and understands the WVSU Acceptable Use Policy for Email, Internet and Network Resources (www.wvsu.edu.ph/acceptable-use-policy) and agrees to the following provisions in order to keep controlled sensitive data safeguarded.

By signing this form, the requestor agrees to keep personal information confidential and to the following provisions:

- *I will protect my password from use or theft by others.*
- *I will use up to date security products such as a firewall, anti-virus, and anti-spyware applications if accessing WVSU-LAN from a personally owned computer.*
- *If using a WVSU system, I will sign off the system when I leave the workstation and not allow others to use my access. I will only access information on a workstation for which I have direct responsibility.*
- *I will share personal information only with people who have a right to access the information in order to perform their job function.*
- *When sharing information with people who have a right to access the information in order to perform their job function, I will ensure that I am in a private setting where others cannot hear or see the confidential information.*
- *I will password-protect any device that contains WVSU critical information or used to access remote services.*
- *I will not disseminate confidential information from my home computer without appropriate authorization for release of information.*
- *I will dispose of confidential information properly in accordance with all applicable policies.*
- *I understand that audits will be performed on computer usage to ensure compliance with all computer related policies and this confidentiality agreement.*
- *I will follow other specific confidentiality rules for special situations.*
- *I understand that WVSU has the right to investigate and take disciplinary including termination of my employment for breaches of confidentiality.*

Requestor Information	
First Name:	
Last Name:	
WVSU Email Address:	
Employment Status:	
Nature of Remote Access	
Please list the services and systems to which you need remote access and how will you use them for your job. Be as detailed as possible and fill out the form to the best of your knowledge.	

Requested by:

Authorization:

University Authorized Representative

SIGNATURE: _____

SIGNATURE: _____

NAME: _____

NAME: _____

DATE SIGNED: _____

DATE SIGNED: _____

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	Page No.	Page 2 of 2	

THIS SECTION IS TO BE FILLED BY THE MIS Network Administration Staff

Date the remote access was enabled:	
Local Workstation IP Number	
Other remarks:	
Signature of MIS Staff:	
Signature of the MIS Head/Unit Head:	
<p>Note: This agreement must be renewed within one year of the date the remote access was enabled. For casual and job-order personnel the agreement must be renewed at the end of the employment period.</p> <p>If this agreement is revoked: Please indicate the date and reason of revocation below.</p>	

Accomplish this form in triplicate (one copy for the requestor, one copy for the University authorized representative and one copy for the MIS).