

DENTAL INFORMATICS

RESIDENT IRONKEY DECLINE FORM

The purpose of this form is to provide Dental Informatics with an End User Record for denial of an assignment of an IRONKEY thumb drive.

I do not want the University's encrypted USB flash drive and understand that if I use my own personal device(s) to store Sensitive Information my devices must be encrypted according to University standards (<http://security.louisville.edu>).

User ID:

ULINK ID:

Signature:

Printed Name:

Date: