

I acknowledge receipt of a copy of the SUNY Downstate Medical Center One Drive Policy and I represent that I have read the policy.

I acknowledge that when I access OneDrive files from a non-domain device I am responsible for ensuring that SUNY Downstate Medical Center protected information is not placed nor stored on a non-domain device.

If I fail to do so, I understand that my rights to access OneDrive files on non-domain devices may be terminated at the discretion of SUNY Downstate's Information Security Officer. I am aware that additional penalties may be imposed in connection to other applicable SUNY Downstate Medical Center policies.

---

Signature

---

---

Printed Name

---

Department

---

Date