

**University of Arizona  
Personal Information Sweep  
Manager Confirmation**

I confirm that:

1. I understand that I am responsible for ensuring that all personnel under my supervision who use computing or storage devices to store University of Arizona information perform the Personal Information Sweep Procedure.
2. Certification forms from all such personnel are being submitted to the Information Security Office with this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Department Name(s)\*

\_\_\_\_\_  
UA Department Number(s)\*

\_\_\_\_\_  
Date

\*Note: Please include all department names and numbers for which you are responsible.