

Identity Theft Prevention Program Certification

Deadline: This form must be completed and submitted to Red Flag Campus Contact by February 15th.

Department Name: _____

Please check all boxes that apply:

I certify that an annual review of the controls in place to prevent, mitigate, and detect identity theft has been completed according to the Red Flag Standard Operating Procedure (link).

Employee training has been completed.

STATUS OF IDENTITY THEFT PROGRAM

No changes have been made to our existing Identity Theft Prevention Plan and a current copy of the template is being provided with the certification form.

Changes have been made to our Identity Theft Prevention Plan and an updated copy of the plan has been attached to this certification.

INSTANCES OF IDENTITY THEFT

There were no instances of identity theft during the last year.

I have attached a log of all known identity theft instances during the last year.

SERVICE PROVIDER

Our department or unit does not have a relationship with a service provider.

The only service provider we have a relationship with is one of the approved collection agencies. (No further action is required by the unit. The Red Flag Rules for the approved collection agencies are reviewed by the Red Flag Rule Committee.)

We have reviewed a copy of the Service Provider's Red Flag Rules and they are in compliance with the Indiana University Identity Theft Program.

Additional Comments: _____

Submitted By (please print): _____

Title: _____

Signature: _____

Date: _____