

**California State University**  
**Campus Information Retrieval System**  
**\*\*\* SECURITY COORDINATOR DESIGNATION \*\*\***

To: CSU, HR-Data Operations  
300 Capitol Mall, 10<sup>th</sup> Floor  
P.O. Box 942850  
Sacramento, CA 94250-5878

The following individual has been designated as the ( ) primary or ( ) alternate CIRS Security Coordinator for this campus.

Name: \_\_\_\_\_ Campus: \_\_\_\_\_  
Title: \_\_\_\_\_ Department: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I fully understand and accept the duties and responsibilities of a CIRS Security Coordinator as described in the CIRS User Manual and will follow and apply the procedures for protecting and controlling access to confidential data as outlined in the SCO Decentralization Security Guidelines.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby stipulate that I am the duly authorized official to make this appointment.

Name: \_\_\_\_\_ Campus: \_\_\_\_\_  
Title: \_\_\_\_\_ Department: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_