

AGENCY APPOINTMENT OF DECENTRALIZED SECURITY DESIGNEE

Section 1 — INSTRUCTIONS Complete form on-line, print, and sign; or print and complete.

By signing below the individuals acknowledge the following with the appointment:

Security Monitor (Primary, Assistant, or Alternate) – I fully understand and accept the duties and responsibilities of a Security Monitor as described in the Decentralized Security Program Manual.

Authorized Official (Primary or Alternate) - I hereby stipulate that I am the duly Authorized Official for this organization to make this appointment. I fully understand and accept the duties and responsibilities of the authorizing official as described in the Decentralized Security Program manual. I also certify that I am not listed on the security authorization form PSD125A, as a system user.

Any unauthorized access or use for personal gain or resulting in illegal or improper payments shall be subject to administrative, criminal and/or civil action.

To prevent conflicting designations, submission of this form revokes all previously designated Monitors and/or Officials. All currently designated Monitors and Officials must be listed with each submission.

Only the signatures contained on this form will be acceptable authorizing signatures on the PSD 125A

Section 2 — Agency Information

Department/Campus

Address

Section 3 — Primary Security Monitor

First Name M.I. Last Name

Title/Position

Email address

Phone

Signature

Date

Section 4 — Assistant Security Monitor

First Name M.I. Last Name

Title/Position

Email address

Phone

Signature

Date

Section 5 — Alternate Security Monitor

First Name M.I. Last Name

Title/Position

Email address

Phone

Signature

Date

Section 6 — Primary Authorizing Official

First Name M.I. Last Name

Title/Position

Email address

Phone

Signature

Date

Section 7 — Alternate Authorizing Official

First Name M.I. Last Name

Title/Position

Email address

Phone

Signature

Date