

## Student Data Security Awareness Form

Please complete this form and email it to [crs@lwc.la.gov](mailto:crs@lwc.la.gov)

NAME OF PROVIDER: \_\_\_\_\_

INSTITUTIONAL CODE (New Providers Skip): \_\_\_\_\_

The Louisiana Workforce Commission (LWC) requires Providers, Schools, Institutions, Community Organizations, Apprenticeship Providers or any other entity not mentioned (inclusively hereinafter referred to as "Provider"), to submit sensitive data, including Social Security Numbers obtained from their programs participants that must be protected. The Louisiana Workforce Commission access to this information is based on a need to determine a Provider's program performance for application/reapplication to the state of Louisiana's Eligible Training Provider List (ETPL), as required by Policy 20 Addendum 1 of LWC's Office of Workforce Development (OWD) and in accordance with the requirements stipulated by section 122 of the Workforce Innovation and Opportunity Act.

The Louisiana Workforce Commission has implemented internal security protocols to ensure an adequate level of protection is afforded to any student information received, stored, processed, and transmitted. The LWC uses Provider student data only for the purposes that are defined by the Workforce Innovation and Opportunity Act and the U.S. Department of Labor.

The Provider is to ensure that an adequate level of protection is afforded to any student information obtained, stored, processed and transmitted to the Louisiana Workforce Commission. To assist the Provider in protecting their students' private information the following Security Guidelines have been created.

These Security Guidelines serve as an administrative safeguard in determining the proper protections needed in maintaining and transmitting sensitive student information to the Louisiana Workforce Commission.

### Security Guidelines

As a Provider, you are responsible for the confidentiality and security of a student's personal information and are accountable for all activity relating to the use and transmission of this information and you should:

- a) Implement written policies and procedures in relation to retention, maintenance, security, and disposal of files (both paper and electronic) containing personal data;
- b) Obtain and process personal data fairly;
- c) Keep it only for one or more specified and explicit lawful purposes;
- d) Process it only in ways compatible with the purposes for which it was given initially;
- e) Keep personal data safe and secure;
- f) Keep data accurate, complete and up-to-date;
- g) Ensure that it is adequate, relevant and not excessive;
- h) Retain it no longer than is necessary for the specified purpose or purposes;

- i) Not disclose (willfully or otherwise) student information in any way that would violate the privacy of individuals other than that of which is required; and
- j) Transmit student information in a secure manner.
  - 1. If transmitted by CD or email, the CD or email **MUST** be password protected for security purposes.
  - 2. The data and the password should be submitted separately.

For additional information, assistance, and/or guidance on the privacy and security of personal information, please visit the **Federal Trade Commission's Bureau of Consumer Protection Business Center** website at:

<http://business.ftc.gov/>

**I, as the Authorized Authority (such as the Chief Executive Officer, President, Owner, Director of Admissions, etc.) on behalf of the above named Provider certify that: (1) I have read and understood the security guidelines outline above; and (2) I understand and am fully aware that:**

- a) **Unauthorized disclosure of student information can result in civil and criminal penalties.**
- b) **Unencrypted or unprotected transmission of student information may result in unauthorized persons access to student information that may lead to identity theft, fraud, and/or or any other harmful actions whether known or unknown.**
- c) **The LWC is not responsible, nor in any way shall be liable, for the manner in which it receives data from the Providers.**

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Signature

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Printed Name

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Title

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Date