

# University of Minnesota

## Identity Theft Prevention Program - Certification of Compliance

Submit to the Controller's Office

College or Major Administrative Unit: \_\_\_\_\_

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 University's Identity Theft Prevention Program.

Employee training has been completed.

### STATUS OF PRACTICES AND PROCEDURES IN YOUR AREA

No changes have been made to our existing practices and procedures that support compliance with the University's Identity Theft Prevention Program.

Changes have been made to our existing practices and procedures to increase our efforts to prevent, mitigate, or detect identity theft in our area. These changes are described below:

### INSTANCES OF POTENTIAL IDENTITY THEFT

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

All known instances of potential identity theft have been reported to management and considered when reviewing our processes and procedures to comply with the *Identity Theft Prevention Program*.

### SERVICE PROVIDERS

Our unit does not have a relationship with an external service provider.

We only work with University approved service providers.

### Additional Comments:

Submitted By (please print):

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Guidance materials located at the [Controller's Office website](#); email: [finsys@umn.edu](mailto:finsys@umn.edu); call: 612-624-1617