

DENTAL INFORMATICS

RESIDENT IRONKEY ACCEPT FORM

The purpose of this form is to provide Dental Informatics with an End User Record for Resident's Assignment of a ULSD IRONKEY thumb drive.

IRONKEY Serial #

IRONKEY ULSD#:

ULSD has provided me with an encrypted flash drive. I understand that this flash drive is the property of the University Of Louisville - School Of Dentistry and I may be required to return the flash drive in the event I leave the School (graduate and/or no longer employed). By accepting the flash drive, I understand that I have a responsibility to keep it in my possession and agree to notify the IT Department (852-7156) in the event the flash drive is lost and/or stolen.

To return this flash drive I understand and agree to personally meet with the IT Department. I also understand that if I am required to return the flash drive and fail to do so, I may be held financially responsible.

Signature:

Printed Name:

Assigned Date:

Signature:

Printed Name:

Returned Date: