Syracuse University

Department of Counseling and Human Services

Encryption of Flash Drive Acknowledgement Form

I have thoroughly read and reviewed the Department of Counseling and Human Services'		
"Policy on Data Transfer and Storage." I understand	d that I am responsible for ki	nowing and
abiding by the information in the Policy, and from t	his point forward, I will ens	ure that all videos
will be saved and encrypted in the manner outlined.	I understand that I am requi	red to use the
SIMULATIONiQ Counseling platform and/or a Co	rsair 16GB Flash Padlock K	ey Thumb Drive
for all client data storage and transfer functions. I ar	m assured timely notification	and full due
process if the faculty has any concerns about my ab	ility to meet the expectation	s of
confidentiality as outlined in the presentation.		
I agree to all of the above statements.		
PRINT Student Name	Signature of Student	Date

End of Semester Verification

verify that I have deleted all recordings and documentation from the semester's clinical worl
rom my local devices and deleted repositories (e.g. – trash bin, recycling)
Initials and Date