POLICY TITLE	Information Security	Policy Number	447
Section	Facilities, Operations, and Information Technology	Approval Date	August 10, 2026
Subsection	Information Technology	Effective Date	August 10, 2026
Responsible Office	Office of the Vice President of Digital Transformation	Last Review	August 10, 2026

1.0 PURPOSE

1.1 The purpose of this policy is to establish the Utah Valley University Information Security Plan and Program in compliance with all applicable legal obligations. This program will ensure the protection of personally identifiable information, university technology assets, and information systems from unauthorized access, use, disclosure, modification, damage, or disruption; support informed risk management and cybersecurity response, and maintain the confidentiality, integrity, and availability of university technology assets and information systems that support the mission and functions of the University.

2.0 REFERENCES

2.1 *Family Educational Rights and Privacy Act (FERPA)*, 20 U.S.C. § 1232g (1974)

2.2 *Gramm-Leach-Bliley Act (GLBA)*, 15 U.S.C. § 6801 (1999)

2.3 *Standards for Safeguarding Customer Information*, 16 C.F.R. § 314 (2021)

2.4 *American Recovery and Reinvestment Act of 2009*, Pub. L. No. 111-5, 123 stat 115 (2009)

2.5 *Cybersecurity Affirmative Defense Act*, Utah Code Ann. § 78B-4-703 (2021)

2.6 *Government Data Privacy Act (GDPA)*, Utah Code Title 63A, Chapter 19 (2024)

2.7 *Offenses Against the Administration of Government*, Utah Code Ann. § 76-8-705 (2013)

2.8 *Utah Government Records Access Management Act (GRAMA),* Utah Code Title 63G, Chapter 2

2.9 Utah Board of Higher Education Policy R345 *Information Technology Resource Security*

2.10 Utah Board of Higher Education Policy R1011 *Contractual Standards for Use of Personally Identifiable Student Data by Third-Party Contractors*

2.11 UVU Policy 136 *Intellectual Property*

2.12 UVU Policy 241 *University Procurement*

2.13 UVU Policy 445 *Institutional Data Governance and Management*

2.14 UVU Policy 446 *Privacy and Disclosure*

3.0 DEFINITIONS

3.1 Account: A login ID which, in combination with a password, PIN, or other authentication token, is used to access a university information system or technology asset.

3.2 Application: An individual or standalone piece of software that is used to provide a specific service to a community of users or is used as an interface to an information system.

3.3 Audit log: A chronological sequence of audit records, each of which contains evidence directly pertaining to and resulting from the execution of a business process or system function.

3.4 Change: For purposes of this policy, an event or action that modifies the configuration of any component, application, information system, or service.

3.5 Confidential information: Any information that is not generally available to the public and that the University has identified as confidential, that should reasonably be understood to be confidential, or that the University is obligated to keep confidential under applicable laws, regulations, contractual obligations, university policies, or the policies of relevant government agencies, including but not limited to PII, student records, financial information, research data, and sensitive information.

3.6 Control: A means of managing risk, including policies, rules, procedures, processes, practices, or organizational structures, which can be of administrative, technical, physical, management, or legal nature.

3.7 Crash: A disruption of the supervisory or accounting functions of university technology assets or doing anything that is likely to have that effect.

3.8 Data Governance Council: An executive committee with specific responsibilities within a data domain or subdomain: data owners, data trustees, data stewards, data custodians, and data technicians. (See Policy 445 *Institutional Data Governance and Management*.)

3.9 Device owner: For the purposes of this policy, any user, supervisor, IT technician, system administrator, or other person who has administrative or operational control and is responsible for the security, maintenance, operation, or purchase of a device.

3.10 Disruptive activities: Acts prohibited by Utah law that interfere with university or student activities.

3.11 Encryption: The process by which information is altered using a code or mathematical algorithm to be unintelligible to unauthorized readers.

3.12 Firewall: A network security device or program that monitors and controls network traffic between networks or hosts with different security levels.

3.13 Incident: For the purposes of this policy, an incident is a confirmed or suspected security breach (see section 3.25) or events or weaknesses that jeopardize the confidentiality, integrity, and availability of the University's technology assets.

3.14 Incident Response Team: Directed by the Chief Information Security Officer (CISO) and made up of campus personnel, the Incident Response Team is responsible for immediate response to any breach of security. One or more members of the Incident Response Team must be technically qualified to respond to information-related incidents. The Incident Response Team is also responsible for determining and disseminating remedies and preventive measures that develop as a result of responding to and resolving security breaches.

3.15 Information asset: Data or knowledge stored in any electronic manner and valued for enabling the University to perform its business functions.

3.16 Information system: An application or group of servers or services used for the electronic storage, processing, or transmitting of any university data or information assets.

3.17 Information system media: Physical media on which an information system's technology assets are stored for backup and recovery purposes (e.g., backup tapes, backup disks, NAS/SAN drives, magnetic media, cloud storage, etc.).

3.18 Intellectual property: Any intangible asset that consists of human knowledge and ideas (e.g., patents, copyrights, trademarks, software, etc.).

3.19 IT technicians: Individuals who develop, administer, manage, and monitor the information systems and technology assets that support the University's IT infrastructure. These individuals are responsible for the security of the technology assets and information systems they manage. IT technicians ensure that security-related activities are well documented and completed in a consistent and auditable manner.

3.20 Patch: A fix to an application, failure, bug, or vulnerability. A patch may also be referred to as a service pack.

3.21 Personally identifiable information (PII): Information that is linked or can be reasonably linked to an identified or identifiable individual, including student data and education records

protected by applicable law. The term excludes public records under GRAMA and FERPA directory information to the extent provided by law.

3.22 Private Sensitive Information (PSI): A subset of PII that includes information such as social security numbers, credit card information, health, and medical records or financial records, that give specific information about an individual that is considered private or sensitive and can lead to adverse consequences if disclosed, such as through identity theft, financial loss, or invasion of privacy. Access to such data is governed by state and federal laws, both in terms of protection of the data, and requirements for disclosing the data to the individual to whom it pertains.

3.23 Risk: The likelihood of a threat agent taking advantage of a vulnerability and the corresponding business impact.

3.24 Routine maintenance of the system: Includes but is not limited to security checks, deletion of temporary files, verification of email delivery, and confirmation of available disk space.

3.25 Security breach: Includes but is not limited to unauthorized use of an account, unauthorized access or unauthorized changes to system resources, use of bad passwords, or attempted use or acquisition of others' passwords or other authentication methods.

3.26 Security check: Verification that privacy is ensured, and access is granted as needed and appropriate.

3.27 Server: Hardware, software, and workstations used to provide information and services to multiple users.

3.28 System files: Any files that control or otherwise affect the startup or operation of a computer system.

3.29 Technology asset: Any data or information system which is a part of university business processes including those used for electronic communication, including but not limited to internet, email, and social media. Also includes any device that is used to conduct university business regardless of ownership; connected to the University's network; used to create, access, maintain, or transmit technology assets; or used for the processing, transmitting, or electronic storage of any data or information. This includes but is not limited to servers, workstations, mobile devices, medical devices, networking devices, and web cameras or other monitoring devices.

3.30 Unauthorized access: Obtaining access into any technology asset, information system, network, storage medium, system, program, file, data, user area, controlled physical area, or other private repository without the permission of the steward or owner.

3.31 User: Any person, including a faculty member, staff member, student, patient, contractor, consultant, intern, or temporary employee, who accesses and university technology assets.

3.32 Vulnerability: A weakness that could be used to endanger or cause harm to an asset.

3.33 Workstation: A technology asset that performs as a general-purpose computer equipped with a microprocessor and designed to run applications for an individual user (e.g., laptop, desktop computer, PC, Mac, etc.).

4.0 POLICY

4.1 Scope of this Policy

4.1.1 Compliance with this policy and all its related procedures is required for all university administrative units, including colleges, divisions, departments, and centers, and all members of the university community, including the President, students, staff, faculty, other permanent or temporary employees, contractors, research collaborators, vendors, and third-party agents. This policy applies to anyone in the university community owning or overseeing the use of any type of technology asset, including but not limited to

4.1.1.1 the responsibilities of the President in accordance with Utah law and Utah Board of Higher Education policy (see section 4.2);

4.1.1.2 supervisors of university entities or units, even in cases where vendor-owned or vendor-managed equipment is housed in departments;

4.1.1.3 faculty, staff, students, and other individuals who have technology assets connected to the UVU network, even if those assets were acquired personally, i.e., not with university or grant funds; and

4.1.1.4 Digital Transformation (Dx) for the enterprise IT devices under ongoing support contracts.

4.1.2 If no one claims responsibility for a device, the supervisors of university entities or units for the department in which the device resides shall be presumed to be responsible by default.

4.1.3 This policy applies to individuals responsible (as defined above) for single-user devices and to those responsible for multi-user devices.

4.1.4 During routine audits, Internal Audit may verify user compliance with this policy and security requirements.

4.2 Executive Accountability

4.2.1 The President is accountable for the University's compliance with this policy and the effectiveness of the University's written information security plan and program. The President shall ensure that cybersecurity risks are integrated into the University's enterprise risk management process and reported to the Board of Trustees annually.

4.3 User Responsibilities

4.3.1 Use of technology assets must be legal, ethical, and consistent with the University's mission.

4.3.2 Instructional, administrative, and research uses of technology assets take priority over all other uses.

4.3.3 Individual users shall

4.3.3.1 maintain the security and confidentiality of confidential information;

4.3.3.2 exercise caution in the storage and disposal of files and data containing confidential information assets;

4.3.3.3 maintain safe passwords and other authentication methods, and not share or disclose them;

4.3.3.4 perform routine maintenance of the systems for which they are responsible, including backup of all private, important, or irreplaceable files, and regularly performing file maintenance (including scanning for viruses and sensitive data and deleting unnecessary files);

4.3.3.5 configure their computers and mobile devices to automatically lock the screen after a period of inactivity, and must manually lock their screens when leaving their devices unattended to prevent unauthorized access.

4.3.3.6 ascertain and understand the laws, policies, rules, procedures, contracts, and licenses applicable to their particular uses;

4.3.3.7 comply with all federal, state, and other applicable laws, all generally applicable university policies, guidelines, procedures, and best practices, and all applicable contracts and licenses;

4.3.3.8 use only those information systems and technology assets that they are authorized to use and use them only in the manner and to the extent authorized;

4.3.3.9 refrain from unauthorized attempts to circumvent the security mechanisms of any university technology asset;

4.3.3.10 refrain from attempts to degrade system performance or capabilities or damage technology assets, information systems, software, or intellectual property of others;

4.3.3.11 use multi-factor authentication required for all administrative and functional access to technology assets that store, process, or transmit personally identifiable information; and

4.3.3.12 immediately report any suspected or actual security breach to the University's Cybersecurity and IT Risk Management Office (CITRM), the appropriate data steward, and data custodian.

4.3.4 Employees are required to follow Dx standards and controls for safeguarding electronically stored PSI. The University and its employees should not use an individual's Social Security Number (SSN) or Driver's License Number (DLN) as a personal identifier except as required by law. Restricted data may be stored electronically only in compliance with current Dx standards and controls. If restricted data must be stored on paper, the files must be stored securely with access provided only to authorized persons.

4.3.5 All data users who have access to legally restricted or limited-access data shall formally acknowledge (by signed statement or some other means) their understanding of the level of access provided and their responsibility to maintain the confidentiality of data they access. Each data user shall be responsible for the consequences of any misuse, including intentional misrepresentation of institutional data. (See Policy 445 *Institutional Data Governance and Management*.)

4.4 User Prohibitions

4.4.1 Users shall not

4.4.1.1 share individual credentials or security information;

4.4.1.2 copy or change system files or applications without authorization from an authorized system administrator;

4.4.1.3 consume inordinate amounts of system resources (e.g., disk space, CPU time, email system, printing facilities, and telephone lines), as determined by affected system administrators;

4.4.1.4 crash machines or systems recklessly or deliberately;

4.4.1.5 lock a public, shared technology asset without authorization from a supervisor or asset manager;

4.4.1.6 use university technology assets for disruptive or illegal activities;

4.4.1.7 violate licensing agreements, patent, copyright, trademark laws, or UVU Purchasing regulations as governed by UVU Policy 241 *University Procurement*;

4.4.1.8 reserve shared resources. A public, shared computing facility device left unattended for more than ten minutes is available for use, and any process running at the time of abandonment shall be terminated. Running unattended programs or placing signs on devices to "reserve" them during a user's absence is inappropriate without authorization from a system administrator or lab assistant; or

4.4.1.9 use weak passwords. Users are required to create strong passwords to protect against security breaches. A strong password should be long, memorable to the user, and difficult for others to guess. We recommend creating passwords using multiple unrelated words to form a passphrase that is easy for you to remember but hard for others to crack. For example, combining random and unrelated words like "BananaLampTreeEagle" is a strong option. Do not use the following in your passwords:

- Personal Information: Avoid using information related to yourself, such as your phone number, birth date, license plate number, spouse's name, or other identifiable details.

- Common Phrases: Do not use words like team mascots, seasons, or phrases from books, poems, songs, movies, or famous speeches.

4.4.2 Unless specifically approved by the Data Governance Council and registered with University's Information Security Office (ISO) according to the procedures in section 5.3.1, anyone given access to university data shall not electronically transmit or knowingly retain any PSI on information systems or technology assets.

4.5 System Administrator Rights and Responsibilities

4.5.1 System administrators must perform routine system maintenance and maintain a backup of information. System administrators are not responsible for data lost due to system errors.

4.5.2 Dx, including system administrators, shall work in partnership with data owners and data stewards in fulfilling the responsibilities outlined in this policy.

4.6 Intellectual Property Use

4.6.1 All users of intellectual property shall comply with UVU Policy 136 *Intellectual Property*, including refraining from

4.6.1.1 installing or distributing "pirated" or other applications that are not appropriately licensed for use by the University; and

4.6.1.2 violating the rights of any person or company protected by trade secret, patent, or any other intellectual property laws or similar laws or regulations.

4.7 Data Classification and Encryption

4.7.1 The University shall take measures to protect university technology assets that are created, maintained, processed, or transmitted using information systems and information assets. These measures shall be implemented commensurate with the assessed level of risk and reviewed at regular intervals.

4.7.2 IT technicians are primarily responsible for establishing, documenting, implementing, and managing data handling and management procedures for the information systems and information assets they support.

4.7.3 All information assets shall be classified in accordance with Policy 445 *Institutional Data Governance and Management* and applicable data governance standards.

4.7.4 Appropriate data handling procedures shall be established and followed for all information assets in accordance with their classification and applicable legal, regulatory, contractual, and university requirements.

4.7.5 Encryption and other data-protection controls for information assets shall be established and implemented in accordance with the applicable classification, assessed level of risk, and university information security standards, including the Dx *Data Classification and Encryption* guidelines.

4.8 Information Security Risk and Threat Management

4.8.1 The University's Information Security Risk Management Program shall support the University's business missions while also mitigating financial, operational, reputational, and regulatory compliance risk. Appropriate risk management enables the University to accomplish its mission by

4.8.1.1 securing information systems that create, maintain, process, or transmit the University's information assets;

4.8.1.2 enabling appropriate university personnel to make well-informed decisions regarding risk and risk management;

4.8.1.3 collaborating with other university risk management activities to ensure the University's written information security plan and program priorities are aligned appropriately with the University's risk tolerance;

4.8.1.4 providing a systematic methodology to assess and manage information security risk for the University; and

4.8.1.5 reviewing contracts and terms of service to ensure that third parties entrusted with PII will implement reasonable protections for that information in all stages of its lifecycle including creation, storage, processing, recovery, transmittal, and destruction.

4.8.2 Information systems and technology assets shall be protected commensurate with the assessed level of risk, and security baseline settings shall be utilized to ensure these systems and resources are guarded against malware and available for use. All IT technicians, Dx personnel, and users managing university information systems and technology assets shall

4.8.2.1 protect any information systems and technology assets under their management from compromise;

4.8.2.2 ensure the products and services provided continue to be delivered at acceptable levels during a disruptive incident. Incidents may be caused by problems with technology assets, the building, or external environment (such as weather);

4.8.2.3 configure information systems and technology assets to reduce vulnerabilities to an acceptable risk level;

4.8.2.4 install anti-virus or other anti-malware tools, install relevant security patches, and implement security best practices for technology assets;

4.8.2.5 periodically verify audit and activity logs, examine performance data, and check for any evidence of unauthorized access, viruses, or other malicious code; and

4.8.2.6 cooperate with the Information Security Office by providing support for and review of administrative activities as well as performing more sophisticated procedures such as penetration testing (also called pen testing or ethical hacking) to test a computer system, network, or web application to find security vulnerabilities that an attacker could exploit along with real-time intrusion detection.

4.9 Access Management

4.9.1 Only authorized users shall have physical, electronic, or other access to information systems and technology assets. Access shall be limited to users with a business need to know and limited only to the requirements of their job function. It is the shared responsibility of IT technicians, data stewards, and users to prevent unauthorized access to these assets. Access controls shall include prevention and detection of unauthorized use, and effective procedures for granting authorization, tools, and practices to authenticate authorized users.

4.9.2 The appropriate university system administration group shall

4.9.2.1 issue university accounts after the request is authorized appropriately and documented adequately;

4.9.2.2 authenticate university accounts at a minimum via unique login and complex passwords;

4.9.2.3 deactivate, disable, or delete university accounts—except where maintaining such accounts is a business necessity—as soon as reasonably possible after receiving authorized notification of termination of contract, employment, or relationship with the University; and

4.9.2.4 conduct periodic reviews of authorized access commensurate with the assessed level of risk.

4.10 Change Management

4.10.1 Prior to implementation, Dx shall authorize, test, document, and approve any changes to university production information systems and technology assets that store, process, transmit, or maintain confidential data. Dx will notify the affected entities.

4.11 Physical and Facility Security

4.11.1 University technology assets and information systems shall be physically protected commensurate with the assessed level of risk. IT technicians and personnel shall ensure that controls are planned and implemented for safeguarding physical components against compromise and environmental hazards. Locks, cameras, alarms, redundant power systems, fire detection and suppression systems, and other safeguards as appropriate shall be installed in data centers and technology closets to ensure protection from natural and facility threats and to discourage and respond to unauthorized access to electronic or physical components contained in these areas.

4.11.2 The University shall maintain an inventory of all internal or third-party technology assets that store, process, or transmit personally identifiable information.

4.12 Remote Access

4.12.1 Users with remote access privileges to any of the University's networks inside a firewall must connect through an approved connection method such as a secure VPN.

4.12.2 Users with remote access privileges to the University's technology assets must ensure that all devices being used are given the same security considerations as outlined in the IT security annual training. Specific security questions should be directed to the Cybersecurity and IT Risk Management Office (CITRM).

4.13 Network Security

4.13.1 Access to both internal and external networked services shall be controlled and protected commensurate with the assessed level of risk. User, information system, and technology asset access to networks and network services shall not compromise the security of the network services. Dx ensures

4.13.1.1 appropriate controls are in place between the University's network, networks owned by other organizations, and public networks; and

4.13.1.2 appropriate authentication mechanisms are applied for users, information systems, and technology assets.

4.14 Log Management and Monitoring

4.14.1 The appropriate Dx personnel, in coordination with the CISO, shall configure university information systems and technology assets to record and monitor information security incidents, events and weaknesses. They shall regularly review and analyze audit logs for indications of inappropriate or unusual activity.

4.15 Information System Media Handling

4.15.1 The University shall inventory, control, and physically protect information system media commensurate with the assessed level of risk and the *Data Classification and Encryption Guideline* to prevent interruption to business activities or unauthorized disclosure, modification, removal, or destruction of technology assets. The University shall establish appropriate operating procedures to protect information system media, input/output data, and system documentation from unauthorized disclosure, modification, removal, and destruction.

4.15.2 The appropriate university system administration or security group shall restrict access to information system media to authorized individuals.

4.15.3 All institutionally owned computing devices, including removable storage devices, shall have industry standard encryption that renders the storage media of those devices reasonably unrecoverable by a third party; when this is not feasible, the University shall implement other reasonable controls.

4.15.4 The University shall physically control and securely store information system media on-site within controlled areas where appropriate and ensure any authorized off-site storage is, at minimum, secured at the same level as the on-site area.

4.15.5 The University shall protect and control information system media during transport outside of controlled areas and shall restrict the activities associated with transport of this media to authorized personnel.

4.15.6 Appropriate university personnel shall sanitize or destroy information system media containing confidential data prior to disposal or release for reuse in accordance with National Institute of Standards and Technology guidance.

4.16 Future Technology Needs Assessment

4.16.1 Dx shall ensure the availability, performance, and capacity requirements for current and future needs are met with cost-effective service provision. This includes assessment of current capabilities, future needs based on organization requirements, and implementation of actions to meet the new requirements. Through effective capacity planning, Dx will ensure service availability, efficient management of resources, and optimization of system performance.

4.17 Information Security Awareness and Training

4.17.1 All users are required to complete mandatory and recurring cybersecurity awareness training relevant to their roles and responsibilities before gaining access to systems, records, and information resources. If university employees and other affiliates do not fulfill these training requirements, their access may be subject to revocation.

4.17.2 The relevant university information systems and security teams shall monitor developments in recognized security practices, methodologies, and technologies, as well as maintain awareness of emerging threats, vulnerabilities, and security incidents.

4.18 Violations

4.18.1 Incidents of actual or suspected non-compliance with this policy or associated regulations must be reported to the Cybersecurity and IT Risk Management Office (CITRM), whose administrators will work with the appropriate authorities to resolve the issue.

4.18.2 The University reserves the right to revoke access to any information system or technology asset for any user who violates this policy or associated regulations or for any other business reasons in accordance with applicable policies. Violations of this policy or associated regulations may result in other disciplinary action in accordance with pertinent university policies.

4.19 Security Standards

4.19.1 Those responsible for devices connected to the UVU network must ensure that key security vulnerabilities are eliminated from these devices.

4.19.2 Dx shall maintain and communicate to device owners a current list of key vulnerabilities and steps required to mitigate the vulnerabilities. Device owners are responsible for addressing those vulnerabilities promptly with Dx assistance as needed.

4.20 Enforcement

4.20.1 In cases where information systems and technology assets are threatened by improperly maintained computing devices, Dx may eliminate the threat, working with the relevant device owner where possible. This may include denial of access.

4.21 Exceptions to Policy

4.21.1 Exceptions to this policy must be justified, approved, and reviewed annually as outlined in the procedures. Requests for exceptions to this policy shall be made in writing to the Chief Information Officer. Exception may be granted if the benefits to the University far outweigh the risks of the vulnerable device, as judged by the Chief Information Officer.

4.22 Review and Maintenance of Policy

4.22.1 Dx Executive Leadership, including the Chief Information Officer, shall review this policy at least annually and evaluate changes in law and technology that may impact the University. The committee shall invite representatives of UVUSA, PACE, General Counsel, and Faculty Senate to participate.

5.0 PROCEDURES

5.1 Physical Security of Enterprise Hardware

5.1.1 Any department that assumes responsibility for administrative data must ensure that the computing systems housing the data are physically secure. Areas to address include the following:

5.1.1.1 The equipment shall be protected from excessive heat, cold, humidity, and dryness. Alarms shall exist to warn of thresholds being exceeded;

5.1.1.2 The equipment shall be protected against electrical interruptions, voltage spikes, and surges; and

5.1.1.3 The equipment shall be protected with smoke detectors, fire extinguishers, and air-tight computer rooms for containment of fire suppression gas, air filters, and water sensors. Alarms tied to the University and city police departments shall be installed;

5.1.1.4 The equipment shall be properly locked up with no vulnerabilities from drop ceilings, raised floors, or ventilation ducts. A log of accesses by personnel shall be kept; and

5.1.1.5 All backups shall, whether stored onsite or offsite, be securely maintained and managed in a manner appropriate for the storage of university data;

5.1.1.6 The history of theft and vandalism in the buildings of the immediate vicinity shall be considered, and appropriate measures shall be taken to counteract the risks; and

5.1.1.7 A disaster recovery plan shall exist, and drills shall be conducted on a regular basis. Offsite documentation shall exist, and key personnel shall be cross trained to handle an emergency.

5.1.2 Device owners shall install and run campus approved anti-virus software on these devices and apply updates from the software vendor as they become available.

5.1.3 Device owners shall apply security-related updates to the operating system running on their devices as these updates become available from operating system vendors.

5.1.4 Device owners shall switch off unneeded services or use a firewall to eliminate the risk of these being exploited.

5.2 Incident Management

5.2.1 All suspected or actual security breaches of university or departmental systems must be reported immediately to the University's Chief Information Security Officer (CISO). (Reports may be emailed to SECURITY@UVU.EDU.) The incident must also be reported to the appropriate data steward and data custodian.

5.2.2 If the compromised system contains PII or PSI as outlined in UVU Policy 445 *Institutional Data Governance and Management*, Dx personnel or the appropriate data owner must report the incident to the CISO. Additional technical, forensic, and other support may be sought from outside the campus community.

5.2.3 If PII, PSI, secured data, or any other information that must be safeguarded against unauthorized access has been accessed or compromised by unauthorized persons or organizations, IT personnel or the appropriate data owner must report the incident immediately to the CISO (SECURITY@UVU.EDU) and cooperate with their dean, department head, or supervisor; the Incident Response Team; their respective vice president; and the Office of General Counsel to assess the level of threat or liability posed to the University and to affected individuals.

5.2.4 The CISO and Incident Response Team shall coordinate the technical response to the incident, including containment, investigation, and escalation.

5.2.5 The University shall make all legally required notices and reports through the appropriate responsible offices and officials designated under applicable law and university policy.

5.3 Security Management

5.3.1 PII, PSI, secured data, and any other information that must be safeguarded against unauthorized access should be identified and protected. Anyone with access to data resources who is uncertain whether or not it contains PSI or secured data must seek direction from the Data Governance Council, the appropriate data steward or data custodian, the University Privacy Officer, or the University's Chief Information Security Officer (CISO).

5.3.2 Any individual who stores export-controlled patentable research shall have and follow a CISO-approved security plan.

5.3.3 The CISO must approve security procedures for technology assets, which includes any devices, systems, or applications that do not necessarily store, process, or transmit PSI, if access to such resources may cause a breach of security.

5.3.4 Individuals are responsible for ensuring that all electronic information, hard copy information, and hardware devices in their possession are physically protected in accordance with the record classification level as either private or protected data. For more information, refer to UVU Policy 133 *Compliance with Government Records Access and Management Act* and the *Data Classification and Encryption* guidelines found on the Dx policy website.

5.4 Operational Control Activities

5.4.1 Authorized Dx personnel shall perform the following processes regularly as operational control activities to ensure proper access and functioning of information systems and technology assets:

5.4.1.1 Assess availability, performance, and capacity of services and resources to ensure that cost-effective capacity and performance are available.

5.4.1.2 Identify important services to the organization, map services and resources to organization processes, and identify key organization dependencies.

5.4.1.3 Plan and prioritize availability, performance, and capacity implications of changing organization needs and service requirements.

5.4.1.4 Continually monitor, measure, analyze, and review availability, performance, and capacity.

5.4.1.5 Investigate and address availability, performance, and capacity issues through monitoring and investigating.

5.5 Required Annual Security Training

5.5.1 The Chief Information Security Officer (CISO) is responsible for developing and maintaining training content as follows:

5.5.1.1 Training materials must be reviewed and updated at least annually to reflect evolving threats, compliance obligations, and University policies.

5.5.1.2 Updates may also be made in response to security incidents, audit findings, or regulatory changes.

5.5.1.3 The CISO may incorporate external training vendors or tools as needed to ensure quality and relevance.

5.5.1.4 The university employee learning management system will be used to assign and deliver training annually to all employees.

5.5.1.5 Training completion will be tracked automatically through the LMS.

POLICY HISTORY		
Date of Last Formal Review: August 10, 2026		
Due Date of Next Review: August 10, 2031		
Date of Last Action	**Action Taken**	**Authorizing Entity**
October 14, 2004	Policy approved.	UVU Board of Trustees
May 9, 2023	Revised policy approved.	UVU Board of Trustees
June 18, 2025	Revised policy approved.	UVU Board of Trustees
August 10, 2026	Compliance change approved to bring policy in alignment with USHE policy.	UVU President's Council