SOUTHEAST FISHERIES SCIENCE CENTER STATEMENT OF NON-DISCLOSURE

This is to certify that: 1. It has been determined by Name: Title: ______; Organization: _____ that in order for me to carry out my fisheries-related work assignments I require access to NMFS Government computer systems and/or NMFS data files which may contain information declared to be held confidential by NMFS. My affiliation with the NMFS Southeast Regional Office or the Southeast Fisheries Science Center is: Affiliation (Check one) (Complete All) () NMFS Agency: () Other Federal () State Employee: (State) _____ Division: ____ () Fisheries Council () Fisheries Commission Location: () Contractor () Other (Specify) _____ 2. In using NMFS computers and data, I agree to uphold the government's security provisions for preserving the safety and integrity of the systems accessed and protecting against misuse or destruction of the computer systems and data being accessed. 3. I have read NOAA Administrative Order 216-100 (PROTECTION OF CONFIDENTIAL FISHERIES STATISTICS) and/or NOAA Computer Users' Guide to Protecting Information Resources and understand the contents of these documents. 4. I am fully aware of the civil and criminal penalties for unauthorized disclosure, misuse, or other violation of the confidentiality of such data. 5. I will not knowingly disclose any data identified as confidential under this agreement to any person or persons, except as authorized by the NMFS Assistant Administrator for Fisheries, or the Administrator's designee, in accordance with the law, as authorized by the NOAA office of General Counsel. Notification: This notification is to inform you that NOAA/NMFS monitors all usage of Electronic mail, Internet activities, and Data retrieval under the jurisdiction of the Federal Government. There are severe penalties for the misuse of these resources. Your Signature on this form acknowledges you have been notified and are aware of this monitoring. Name of User (type or print) Signature Date Name (NMFS Supervisor/Program Mgr.) Signature Date Susan Molina

Signature

Access Certification:

Name of the SEC-ITSSO

Date

Instructions for completing the SEFSC Statement of Non-disclosure.

A Statement of Non-disclosure is required to be on file with the Southeast Fisheries Science Center prior to access of information for all persons requesting or wanting to use any data or information housed and maintained by the Center.

Please type or legibly print all information except for the Signature. All information on the form is required.

Name: Name of user wanting the information.

Title: Professional title of user wanting the information.

Organization: The organization from which the user is employed.

Affiliation: The association through which the user is working or performing.

Agency: Affiliation agency name.

Division: Affiliation division or branch.

Location: Affiliation street address.

Name of User: Full name of user in 'Name:' above.
Signature: Signature of user in 'Name:' above.

Date: The date the form was signed.

Name (NMFS Supervisor/Program Mgr.) Full name of Supervisor or Program Manager from the affiliating agency

authorizing the user to have access to information wanted.

Signature: Signature of Supervisor or Program Manager authorizing the user.

Date: The date the form was signed.

For SEFSC use only!

Name of the SEC-ITSSO: Leave blank. Access Certification: Leave blank.

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