

**County of Sonoma
Information Technology Professionals
Policy Manual**

Acknowledgment

I acknowledge that I have received, have been given the opportunity to read and will comply with the County of Sonoma Administrative Policy 9-4 – Information Technology Professionals Policy Manual, issued on

I understand I have the obligation to know the responsibilities to maintain the security of Local Agency IT resources and data associated with my role(s) as defined in this Policy manual.

I further acknowledge that the County of Sonoma retains the right to examine all electronic storage media, data files, logs and programs used on County of Sonoma computer systems and equipment.

Print Name

Signature

Local Agency

Date