



Red Flags Rule Certification Form

Purpose

This form should be completed annually by directors of colleges/administrative units involved in offering, servicing, and/or maintaining *covered accounts* as defined in the Identity Theft Prevention Program ("Program"). This form is intended to demonstrate compliance with the Program and provide the Program Administrator or designee(s) with sufficient information to determine whether the college/administrative unit is complying with the Red Flags Rule ([16 CFR 681](#)). Please return the completed form to the Compliance Office for Finance & Administration.

College/Administrative Unit Name _____

Please initial all of the following:

- _____ The college/administrative unit has reviewed the Program and reference materials to become familiar with: reporting responsibilities, how to identify and report red flags, the Program Administrator or designee(s), and other requirements for compliance.
- _____ Necessary employees have been trained on: the Program; the importance of identifying and reporting possible instances of identity theft; and relevant procedures for detecting, preventing, and responding to instances of identity theft.
- _____ The college/administrative unit has: completed a review of procedures and controls in place designed to detect, prevent, and respond to identity theft; reported all suspected or confirmed instances of identity theft; and reported all suspected or confirmed instances where an individual(s) has failed to comply with the Program to the Program Administrator or designee(s).

And initial one of the following:

- _____ The college/administrative unit **does not** have a relationship with a third-party service provider(s) who performs activities on *covered accounts* on behalf of the University. *Covered accounts* include student loans, student accounts, payment plans, Bear Cards, and Pay Cards.
- _____ The college/administrative unit **does** have a relationship with a third-party service provider who performs activities on *covered accounts* on behalf of the University. The service provider(s) is contractually required to comply with the Red Flags Rule. Note: If using a service provider selected through the University Purchasing Office bid process, select this option. Please list the service provider(s) and describe the service(s) provided in the comments.

Comments:

Print Name _____

Title _____

Signature _____

Date _____