



UNIVERSITY OF
**CENTRAL
ARKANSAS™**

INFORMATION
TECHNOLOGY

Policy Name: Data Management Policy

Effective Date: 1/1/2023

Data Management, Use and Protection

I. Rationale and Background

Data is one of the University's most important assets. In every area, members of the campus community (i.e., faculty, students, staff, and agents or affiliates of the University) are managing or using campus data. Highly sensitive data is a vital resource which is made available to all employees who have a legitimate need for it, consistent with the University's responsibility to preserve and protect such information by all appropriate means.

The purpose of this policy is to highlight specific requirements that must be met by all who handle, use, store, or otherwise manage highly sensitive university data as defined in the Data Classification Policy.

II. Policy

A. General

1. It is the responsibility of each individual with access to highly sensitive data

resources, as defined in the Data Classification Policy, to use these resources in an appropriate manner and to comply with all applicable federal, state, and local statutes. Additionally, it is the responsibility of each individual with access to highly sensitive data to safeguard these resources.

2. The University of Central Arkansas payment card processing and security policies govern the handling of payment card numbers and related personally identifiable information.

3. As noted earlier, it is the responsibility of each individual to determine if they have highly sensitive data on their individual-use device(s) and media and, if so, to ensure compliance with this policy. Failure to comply with requirements of this policy will result in loss of access to the data. The Information Security Office enforces this policy at the direction of the CIO.

B. Sensitive Data Handling

1. Sensitive data should not be stored on personal desktop or laptop computers since these computers tend to reside in less secure locations than central servers.

2. Sensitive data should not be stored on individual-use, removable media, including but not limited to external hard drives, magnetic tapes, diskettes, CDs, DVDs, and USB storage devices (e.g., thumb drives).

3. Access to computers that are logged into central servers storing highly sensitive data should be restricted (i.e. authenticated logins and screen savers, locked offices, etc.)

4. Access to highly sensitive data resources stored on central servers should be restricted to those individuals with an official need to access the data.

5. All servers containing sensitive data must be housed in a secure location and operated only by authorized personnel.

6. All servers containing sensitive data must be protected by appropriate firewall rules and must undergo a regular vulnerability assessment.
7. All servers containing sensitive data must maintain authentication, security and similar system logs for no shorter than 120 days.
8. For all information system resources which contain or access data classified as "sensitive" per the standard, processes must be in place to ensure the access and activity is recorded and reviewed.
9. Copies of highly sensitive data resources should be limited to as few central servers as possible.
10. Highly sensitive data should be transmitted across the network in a secure manner (i.e., to secure web servers using data encryption via TLS, etc.)

C. Sensitive Data Storage

1. All individuals must routinely inventory their respective electronic devices for highly sensitive data using processes or procedures recommended by Information Technology.
2. Individuals must seek written approval of the data owner and notify stakeholders in order to electronically store sensitive data on individual-use electronic devices or electronic media in order to meet an essential business need of the college, department, or unit.
3. Highly sensitive data must be securely encrypted on the electronic device or media, according to encryption methods recommended by Information Security.
4. A log-in password must be enabled for the electronic device and, if available, the electronic media. The password must meet or exceed appropriate complexity levels. The password must not be shared with anyone.
5. A password-protected screen saver, if available, must be enabled on the electronic device and set to activate after a maximum of ten minutes of user inactivity. The

password must meet or exceed appropriate complexity levels. The password must not be shared with anyone.

6. At a minimum, the electronic device must employ the basic security requirements described in the "Mobile Device Security Policy" published by Information Technology.

7. The data must be deleted using secure methods from the individual-use device or media as soon as they are no longer required.

8. Management of the electronic device may not be outsourced to any party external to the University without written approval from the data owner/stakeholders and Information Security Office. This written request and approval/disapproval must be filed in a secure location for subsequent audit purposes.

D. Electronic Data Removal

1. All software and data files must be removed by University-approved procedures from electronic devices and electronic media that are surplus, returned to a leasing company, or transferred from one University employee to another employee having different software and data access privileges. When electronic devices are sent outside the University for repair, all data must be either encrypted or removed to the extent possible.

2. All electronic devices must be routinely scanned for highly sensitive data that is not stored on University-approved secured servers and storage. Any data found must be reported to the Information Security Office. This data must be moved to a secured location, or removed according to University-approved procedures.

E. Data Breach Reporting

1. Any accidental disclosure or suspected misuse of highly sensitive data must be reported immediately to the appropriate University officials, including the data owner and Information Security Office.

F. Compensating Control and Exception Request

1. It is imperative that University of Central Arkansas faculty, staff, and students comply with this policy and any related procedures or guidelines. However, there are circumstances that fall outside the ability to comply with and/or conform to the standard. In such instances, an exception must be documented and approved by the Internal Audit and Information Security Office.
2. Requests for exception must include: a valid business justification; a risk analysis; compensating controls to manage risk; and technical reasons for exception.
3. Requests for exceptions that create significant risks without compensating controls will not be approved.
4. Requests for exceptions are reviewed for validity and are not automatically approved,
5. Requests for exceptions must be reviewed periodically to ensure that assumptions or business conditions have not changed. Exemption renewals are not automatically approved.

III. Responsibility

This policy is applicable to all university schools, colleges, departments, and other units. The Vice President for Information Technology, at the direction of the President, is responsible for establishing appropriate information and data protection policies as well as implementing mechanisms to ensure that protection. This policy, as well as any other information technology, data protection and management, and security policies, will be updated on a regular basis and published as appropriate.

IV. Definitions

Individual-Use Electronic Devices: Computer equipment, whether owned by the University or an individual, that has a storage device or persistent memory, such as desktop computers, laptops, tablet PCs, and smartphones. For purposes of this policy, the term does not include shared purpose devices, such as servers (including shared drives), printers, routers, switches, firewall hardware, etc.

Individual-Use Electronic Media: All media, whether owned by the University or an

individual, on which electronic data can be stored, including but not limited to external hard drives, magnetic tapes, diskettes, CDs, DVDs, and USB storage devices (e.g., thumb drives).

Review/Revision Tracking

| Date | Action |
|-------------|------------------------------|
| 1-1-23 | Reviewed and revised |
| 2/20/24 | Reviewed, edited for grammar |
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