

APPENDIX E: Student Security Sign-Off Sheet

Clinical Mental Health Counseling Program
Saint Cloud State University
Department of Community Psychology Counseling and Family Therapy

I hereby understand I am required to obtain 2-USB-Flash Drives, minimum of 4 GB. I understand it is my responsibility to ensure these flash drives are independent from all other class work. I understand the safety and security of these flash drives are my responsibility. When not in use, I will ensure these drives are in a secure location (i.e. locked filing cabinet). At the completion of the semester, I will destroy all recordings stored on each jump drive.

Student's Printed Name

Date

Student's Signature

Date

Instructor's Printed Name

Date

Instructor's Signature

Date