

**AGENCY APPOINTMENT OF DECENTRALIZED SECURITY DESIGNEE**

**Section 1 — Instructions Complete form on-line, print, and sign; or print and complete.**

By signing below the individuals acknowledge the following with the appointment:

**Security Monitor/Assistant Security Monitor** – I fully understand and accept the duties and responsibilities of a Security Monitor as described in the Decentralized Security Program Manual.

**Authorizing Official/Assistant Authorizing Official** – I hereby stipulate that I am the duly Authorized Official for this organization to make this appointment. I fully understand and accept the duties and responsibilities of the authorizing official as described in the Decentralized Security Program manual.

Any unauthorized access used for personal gain resulting in illegal or improper payments shall be subject to administrative, criminal and/or civil action.

To prevent conflicting designations, submission of this form revokes all previously designated Monitors and/or Officials. All currently designated Monitors and Officials must be listed with each submission.

**Section 2 — Agency Information**

Department/Campus

Address

**Section 3 — Security Monitor**

First Name	M.I.	Last Name	Title/Position
Email address			Phone
Signature			Date

**Section 4 — Assistant Security Monitor**

First Name	M.I.	Last Name	Title/Position
Email address			Phone
Signature			Date

**Section 5 — Authorizing Official**

First Name	M.I.	Last Name	Title/Position
Email address			Phone
Signature			Date

**Section 6 — Assistant Authorizing Official**

First Name	M.I.	Last Name	Title/Position
Email address			Phone
Signature			Date