

APPENDIX D

**SECURITY PLAN FORM
(Attachment # 3 to License Agreement)**

NCSSES ENCLAVE SECURITY PLAN

Security Plan Type: Researcher: New License Amendment
Contractor: New License Amendment

Name of Institution/Organization: _____

Restricted-Use Data Holder Information

Principal Researcher (PR): _____

Mailing Address:

(Full Address: street, city, zip code. If applicable, department, building name, and office/room number)

Phone Number: _____ Fax Number: _____

Email Address: _____

System Security Officer Information

As stated in the license, the Senior Official (SO), who signed the license agreement, has full and final responsibility for the security of the restricted-use data. As part of these responsibilities, the SO shall name a System Security Officer (SSO) in the security plan. The SSO is the person responsible for maintaining the day-to-day security of the system on which the licensed data reside. The SSO's assigned duties shall include the implementation, maintenance, and periodic update of the security plan to protect the data in strict compliance with statutory and regulatory requirements. The SSO is **not** the same person as the PR.

System Security Officer (SSO): _____

Mailing Address:

(Full Address: street, city, zip code. If applicable, department, building name, and office/room number)

Phone Number: _____ Fax Number: _____

Email Address: _____

NCSES ENCLAVE SECURITY PLAN

RESEARCHER & SYSTEM INFORMATION FORM

Complete form for EACH user requesting enclave access. Duplicate page if necessary.

Researcher Name: _____

Institution/Organization: _____ **Job Title:** _____

Phone Number: _____ **Email Address:** _____

<p>Work Location: Where will you log in from? Select all that applies.</p> <p>Home: <input type="checkbox"/> Address: _____ Work: <input type="checkbox"/> Address: _____</p>
<p>Workstation Specifications:</p> <p>Make & Model: _____ Serial Number: _____</p> <p>Form Factor: Desktop <input type="checkbox"/> Laptop <input type="checkbox"/></p> <p>Operating System (Include version number): _____</p>
<p>Workstation Login Access: Who can log into your workstation?</p> <p>Yourself: <input type="checkbox"/> Other: <input type="checkbox"/> If other, specify: _____</p>
<p>Workstation Monitor Position:</p> <p>Describe how the workstation is positioned to prevent unauthorized viewing:</p>
<p>Workstation Antivirus:</p> <p>Describe brand and version of antivirus software installed on workstation and provide details on how often the software is updated.</p>

The Researcher must initial below to indicate that the following Restricted-Use Data (RUD) security measures will be complied with:

- Only secure networks may be used to access RUD. (No Public Wi-Fi). Initials: _____
- RUD must not be accessed in public places (e.g., Starbucks, libraries). Initials: _____
- Computer may not be shared with unauthorized users. Initials: _____
- When using RUD, only authorized users may be present. Initials: _____
- Password protect personal devices containing authentication tokens. Initials: _____
- Personal devices containing tokens may not be shared. Initials: _____
- Computer(s) used to access RUD may not relocate outside the United States. Initials: _____
- Unannounced audits by NCSES contractor to ensure compliance. Initials: _____

Researcher Signature

Date

NCSSES ENCLAVE SECURITY PLAN

The system security officer must initial below to indicate that the following security measures are in place across all Restricted-Use Data (RUD) research computers and systems:

- Internal audits are conducted to ensure unused accounts are closed. Initials: _____
- Anti-Virus and security patches are up to date on RUD computers. Initials: _____
- Passwords: unique, 8 characters minimum with one non-alphanumeric. Initials: _____
- Change password at least every 3 months. Bio-Metric Passkeys are allowed. Initials: _____
- Enable automatic "password screensaver" within 5 minutes of inactivity. Initials: _____
- Laptops are restricted to only one authorized user. Initials: _____
- Systems are in place to limit unapproved websites. Initials: _____

The RESEARCHER & SYSTEM INFORMATION FORM must be updated if the researcher's workstation and/or location changes. Access to the enclave should be system and location restrictive.

Review and Approval

I have reviewed the requirements of the license security procedures and the contents of this security plan, which describes the protection measures for the requested restricted-use data files. I have also instructed the collaborating researchers on the requirements of the security plan. I hereby certify that this system meets all requirements of the license security procedures and that the in-place security safeguards adequately protect the restricted-use data.

Principal Researcher Signature Date

Principal Researcher (type/print) Name

System Security Officer Signature Date

System Security Officer (type/print) Name

Signing Official Signature Date

Signing Official (type/print) Name