

Reference nsit-rt #

CONFIDENTIAL
NETWORK SECURITY CENTER ESCROW FORM
FOR PASSWORDS AND ELECTRONIC CRYPTOGRAPHIC KEYS

Date of Escrow: _____ **Received By:** _____

Briefly describe what type of data is being escrowed: (e.g. server, domain, AD, etc.)

Data Medium Type: (e.g., cd, dvd, flashdrive, envelope, etc.) _____

Submitter's Name _____ **Submitter's Dept.** _____

Submitter's Email _____ **Submitter's Phone #** _____

Authorized Retrievers: Please indicate what individual or group (e.g. Network Security, CBIS, Web Services) can retrieve the escrowed medium. A University ID must be presented at the time of retrieval. Submitter's name must be in the retrieval contact list.

Person/Group Name	Title	Phone Number	Email Address

Person/Group to Notify for Escrow/Retrieval: Please indicate what individual or group to contact when the medium is escrowed or retrieved. Submit at least two contacts.

Person/Group Name	Title	Phone Number	Email Address

Submitter's Signature _____ **Date:** _____

Rec'd By Signature _____ **Date:** _____

Cc: Filed with escrowed media and Submitter