

## CARLI / I-Share Data Privacy Compliance Form

§ I understand the account established for me by CARLI has access to information that may be confidential. I accept the responsibility for ensuring that account information is not shared or given to any other individual.

§ I recognize that the use of the Social Security number is controlled by federal law, including the Family Educational Rights and Privacy Act and the Privacy Act of 1974.

§ I recognize that Illinois statutes governing the confidentiality of library records state that, "The registration and circulation records of a library are confidential information. Except pursuant to a court order, no person shall publish or make any information contained in such records available to the public." (Illinois Compiled Statutes 75 ILCS 70/1)

§ I accept the responsibility for protecting this account and I understand that, if I allow this account to be misused, CARLI will revoke it and take all appropriate sanctions.

**Institution:** \_\_\_\_\_

**Account Login:** \_\_\_\_\_

**Account Owner:** \_\_\_\_\_  
(printed)

**Account Owner:** \_\_\_\_\_  
(signature)

**Date:** \_\_\_\_\_  
(mm/dd/yyyy)

**Library Security Contact:** \_\_\_\_\_  
(signature)

**CARLI Security Officer:** \_\_\_\_\_  
(signature)

Please return this form to CARLI System Services via fax, email, or mail:

**Fax:**  
217-244-4664

**US Mail:**  
CARLI System Services  
100 Trade Centre Drive, Suite 303  
Champaign, IL 61820-7233

**Email:**  
support@carli.illinois.edu