



# Gloucester County Virginia

P.O. Box 329, Gloucester, Virginia 23061

## INFORMATION SECURITY FORM

Department: \_\_\_\_\_

Laptops: *Please list the computer and employee assigned, if applicable*

Computer Name	Employee		Computer Name	Employee

USB Drives: *Please list the employee name and drive size*

Employee Name	Drive Size		Employee Name	Drive Size

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

RETURN COMPLETED FORM TO THE DEPARTMENT OF INFORMATION TECHNOLOGY