

**ATTACHMENT D
SHARED DATA AGREEMENT (XX-SDA-XX)
ILLINOIS DEPARTMENT OF EMPLOYMENT SECURITY**

ACKNOWLEDGEMENT FORM _____ of _____

INDIVIDUAL'S FULL NAME: _____

JOB TITLE AND LOCATION: _____

EMPLOYER'S NAME: _____

IF EMPLOYER IS NOT [RECIPIENT], PLEASE EXPLAIN: _____

REASON(S) FOR INDIVIDUAL'S ACCESS TO DATA: _____

I _____ acknowledge that all data received from IDES under **XX-SDA-XX** is confidential and must be protected from unauthorized disclosure and use. I have been instructed by **RECIPIENT** on the permissible use(s) of the data and will not use the data for any other purpose. **RECIPIENT** has provided me with a list of the individuals with whom I may share the data. I understand that I may not share the data with any other entity or person, including but not limited to other employees, agents, or contractors of **RECIPIENT** who are not authorized to access the data. I have received instruction from **RECIPIENT** on the proper way to store, handle, and protect the confidentiality of the data and shall take all necessary steps to reduce the risk of unauthorized disclosure or use. I understand that I must report all violations of XX-SDA-XX to IDES and may do so by sending an e-mail to DES.SDA@illinois.gov or completing the form on the IDES website (_____). Finally, I understand that if I disclose the data to any unauthorized individual or entity, I shall be guilty of a Class B misdemeanor and may be required to serve up to 6 months in jail and pay a fine of up to \$1,500. I shall also be disqualified from holding any appointment or employment by with state.

INDIVIDUAL:

Signature: _____ Date: _____

FOR RECIPIENT:

Name: _____ Title: _____

Signature: _____ Date: _____