



POLICY COMMUNICATIONS REPORT (PCR)

SUBJECT:	INFORMATION SERVICES AND TECHNOLOGY	TITLE:			
CATEGORY: Check One	Board of Trustees <input type="checkbox"/>	Presidential <input checked="" type="checkbox"/>	Functional <input type="checkbox"/>	School/Unit <input type="checkbox"/>	
Responsible Executive:	Chief Information Officer		Responsible Office:	Information Security Office	
CODING:		ADOPTED:		AMENDED:	
LAST REVIEWED: xx/xx/xx					

Check one of the following actions:

<input checked="" type="checkbox"/> New	<input type="checkbox"/> Revised (Substantive)	<input type="checkbox"/> Revised (Non-Substantive)
<input type="checkbox"/> Rescinded	<input type="checkbox"/> Reclassified	<input type="checkbox"/> Reviewed With No Changes

Date of Action: _____

Purpose of Policy:
The purpose of this policy is _____.

Motivation for New or Revision:
Creation of the new policy was motivated by the following:

Highlights:

Review/Approval Process

The policy was reviewed by the Policy Review Committee, the Policy Review Group, the IT Directors, and the Chief Information Officer. It was approved by _____ on _____.