



DREXEL UNIVERSITY  
College of  
**Nursing and  
Health Professions**

**Drexel CNHP-Secure Data Identification Form  
for Encrypted File Server**

Please use this form to inform CNHP IT about the storage needs in the encrypted file server. List each sub-folder separately with data type and users access (read/write), etc.

Server address (will be completed by CNHP IT)	
Primary owner (custodian) of the data	
Drexel User ID (abc123) and Job Designation	
CNHP Department	
Emergency contact (name and phone number)	

Project / Sub-Folder Name	
Server address (will be completed by CNHP IT)	
Estimated space required (e.g. 8GB)	
Nature of the Information contained	<input type="checkbox"/> HIPAA <input type="checkbox"/> Financial <input type="checkbox"/> Student <input type="checkbox"/> Research <input type="checkbox"/> Other
List all user who need READ access ONLY (e.g. John Smith (abc123))	
List all user who need READ and WRITE access (e.g. John Smith (abc123))	
List all devices that will be accessing this space (e.g. CNHP-ABC123-9000)	
Other Notes e.g. Accessing from off-site locations, etc	

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