

IDENTITY THEFT RED FLAGS QUESTIONNAIRE

Please answer the following questions and, if applicable, please provide the supplemental information requested.

1. Does your unit provide a good and/or service for which it receives payments for such good and/or service over time?

Example: You sell an item and/or perform a service for \$100 and agree to accept payment of \$10 each month for 10 months.

YES _____ NO _____

2. If the answer to 1. is “YES,” do you receive and maintain personally identifiable information such as name, address, telephone number, date of birth, Social Security Number, etc. with respect to the person to whom you sold the good and/or service and who was allowed to pay for it over time.

YES _____ NO _____

If you answer “YES” to both questions, please provide the Supplemental Information on the next page. If your answer “NO” to either question, please identify your unit and contact information and return the questionnaire pursuant to the instructions at the end. Thank you.

Unit: _____

Contact Person: _____

Telephone: _____

E-Mail: _____

After answering the questions and providing the requested information please save the document to the e-mail and then forward it not later than Friday, October 3rd to:

Michael W. Ford
Senior University Counsel
mwford@ufl.edu

SUPPLEMENTAL INFORMATION

1. Please briefly describe the type of accounts maintained by your unit for the sale of goods and/or services and for which you permit payments to be made over time.

2. What is your estimate of the number of such accounts that you may have at any point in time:

1 – 10 _____ 11 – 50 _____ 51 – 100 _____ 101 – 500 _____ 501 – 1,000 _____ 1,001+ _____

Please return the completed form pursuant to the instructions on page 1. Thank you.