

CONFIRMATION

I hereby confirm that I have read the *Regulations for employees and personnel working on behalf of Stockholm University concerning the use of information and information management resources* and understand that it is my responsibility to comply with these regulations. I am aware that failure to comply with these regulations may result in the suspension of my account and access to the University's information management resources pending further investigation. In addition, it is incumbent upon me to notify the head of department/equivalent about any circumstances that will affect my access; for example, when my employment or assignment ends.

Date	Signature
Civic registration number	Name in block letters