

**Departmental Red Flag Annual Inventory Report
Appalachian State University
Identity Theft Prevention Program**

Department Name:

Departmental Red Flags Rule Procedures

(please attach a copy to this form)

Date Submitted:

Contact information for the employee designated as the department's Identity Theft Prevention Program

Contact Person:

Title:

Telephone:

Email:

If different than the department's Program Contact Person, contact information for the employee responsible for Identity Theft Prevention Program training within the department:

Name:

Title:

Telephone:

Email:

Names of employees who have received training by reviewing the University's Identity Theft Prevention Program, and who will be responsible for following the department's Red Flags Rule Protocol:

(Attach list)

Names of Service Providers engaged by the department to perform an activity in connection with Covered Accounts:

(Attach list)

Please provide the following information for each Covered Account: attach as many pages as necessary:

Name of Account:

Description of Account:

Relevant Red Flags:

Description of Red Flags:

Internal Procedures to Detect Red Flags (obtain, verify, and monitor personal Identifying Information of account holders on file with the University.):

Internal Procedures to Respond to Detected Red Flags: