The University of North Carolina at Chapel Hill

Identity Theft Prevention Program

**Departmental Red Flags Rule Protocol**

**Date Submitted:**

**Department Name:**

**Department Number:**

Contact information for the employee designated as the department’s Identity Theft Prevention Program Contact Person:

**Name:**

**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:

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

Please provide the following information for each Covered Account:

**Name of Account #1:**

**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:**

**Name of Account #2:**

**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:**

**Name of Account #3:**

**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:**

Please continue with this format for Account #4 and above.

The department’s Identity Theft Prevention Program Contact Person should submit a copy of the completed Protocol to the Committee representative with whom they are working and distribute copies to appropriate employees for training purposes.