

FCWIB Use:  
Rcvd by:(Initial)

\_\_\_\_\_  
Date Rcvd:  
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**DESIGNATION OF INFORMATION SECURITY STAFF**

**To: The Fresno Area Workforce Investment Corporation**

The undersigned staff is designated responsible for receiving EDD and all other agency information and for maintaining the confidentiality and security of all state/county confidential information obtained for the operation of WIA programs:

Agency Name: \_\_\_\_\_  
Please Print

Business address: \_\_\_\_\_ , CA.

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Designee Name: \_\_\_\_\_ Title: \_\_\_\_\_

Designee Signature: \_\_\_\_\_

Signature (Provider of Services Director) \_\_\_\_\_ Date: \_\_\_\_\_