# Red Flags Rule Report on Compliance

Report on Fiscal Year Ended June 30, Submit Completed Report by July 31.

## Responding Unit

|  |  |
| --- | --- |
| *Unit Name:* |  |
| *Fiscal Year:* |  | *Date Prepared:* |  |
| *Prepared By: Name:* |  |
|  *Phone:* |  | *Email:* |  |

## Compliance – *attach additional documentation as needed*

|  |  |
| --- | --- |
| *Effectiveness of Unit Plan in addressing risk of identity theft* |  |
| *Monitoring of service provider(s), if applicable* |  |
| *Significant or notable incidents of possible identity theft and the Unit’s response* |  |
| *Recommendations for major changes to the Unit Plan, if any* |  |
| *Other comments* |  |

## Submit by July 31st to:

Mary Nelson, Cashier’s Office

426 Auditorium Road, Room 110

Email: nelsonm@ctlr.msu.edu

Phone: 517-884-4150

Fax: 517-353-9640