

Electronic Signature Agreement

Please read the following statements and signify your agreement with them by signing below Agreement. Give only this signature page to your supervisor.

I agree to uphold UMSD Policy 100.105.

I agree that swiping my MCard, signing on an electronic signature pad, or other electronic method for signing, is equivalent to my handwritten signature.

I agree that I will never share or loan my MCard to any person for any reasons (other than to Dental Informatics staff if required to find and resolve a system problem).

I agree that I will never delegate my electronic signature to any other party.

I understand that noncompliance with UMSD Policy 100.105 may result in dismissal, termination of contract and/or loss of access to UMSD property or resources.
(Click "I agree" and "Submit")

I agree

Name (print) _____ Signature: _____ Date _____