

**ACKNOWLEDGEMENT STATEMENT**

**State of Delaware  
Office of Management and Budget  
Government Support Services  
Fleet Services**

**Confidentiality and Information Use Policy**

This is to certify that I have read and agree to abide by the Vehicle Tracking System Policy AA2, concerning the confidentiality of information which I am permitted to access. As an employee or agent of the State of Delaware I will fully comply with this policy understanding I may be held personally liable for intentional release or misuse of information contained in the vehicle tracking system or its history files. If I have questions concerning the policy, I should ask my supervisor for clarification.

**\*If I refuse to sign this acknowledgement statement form, my supervisor will be asked to sign this form indicating that I was given time to read and have questions answered about the policy. My supervisor will read this statement to me prior to signing the document and advise me that by me not signing my rights to use the tracking system may be denied and may affect my ability to meet my job requirements.**

Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Agency/Company/School: \_\_\_\_\_  
Date: \_\_\_\_\_



Supervisor Signature (as required) \_\_\_\_\_  
Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_