**Title UPPS No.**

 **Issue No.**

**Effective Date:**

**Next Review Date: ()**

**Sr. Reviewer:**

**POLICY STATEMENT**

*Texas State University is committed to*

**01. BACKGROUND INFORMATION OR SCOPE**

01.01

01.02

01.03

b.

c.

d.

01.04

01.05

**02. TITLE**

02.01

02.02

02.03 responsibilities attendant to their roles (see [UPPS No. 04.01.11](https://policies.txstate.edu/university-policies/04-01-11.html), Risk Management of Information Resources).

**03. TITLE**

03.01

03.02

03.03

03.04

03.05

**04. TITLE**

04.01

04.02

04.03

04.04

**05. TITLE**

05.01

05.02

05.03

05.04

**07. REVIEWERS OF THIS UPPS**

07.01 Reviewers of this UPPS include the following:

 Position Date

Position Review Cycle Date

Position Review Cycle Date

Position Review Cycle Date

**08. CERTIFICATION STATEMENT**

This UPPS has been approved by the following individuals in their official capacities and represents Texas State policy and procedure from the date of this document until superseded.

Position; senior reviewer of this UPPS

Position

President