

# University of Scranton Information Technology Policy

## Information Classification & Protection Policy

Executive Sponsor: AVP  
Information Resources

Responsible Office:  
Information Security

Originally Issued: 4/1/2011  
Revised: n/a

### **I. Policy Statement**

All University departments will classify and protect all information that is entrusted to us.

### **II. Reason for Policy**

This policy defines how University information is classified and how it is to be protected. Students, faculty, staff, and alumni trust that the University protects their personal information as it exists in any medium — electronic, as well as all forms of paper record.

This policy also helps to fulfill the requirements of federal and state information security regulations; specific examples of these regulations can be found on page 2.

### **III. Entities Affected By This Policy**

This policy impacts all units of the University, and is specifically enacted by data stewards and department heads.

### **IV. Website Address for this Policy**

<http://matrix.scranton.edu/pir/policies.shtml>

### **V. Related Documents, Forms, and Tools**

Computer Security Incident Response Team Operational Standards Manual:  
[http://matrix.scranton.edu/informationresources/CSIRT\\_OP\\_STD\\_20090127.pdf](http://matrix.scranton.edu/informationresources/CSIRT_OP_STD_20090127.pdf)

Records Management and Retention Policy:  
<http://academic.scranton.edu/organization/rmr/Records-Policy-6-20-08.pdf>

University FERPA Policy:  
[http://catalog.scranton.edu/content.php?catoid=6&navoid=109&print#Academic\\_Policies\\_and\\_Regulations](http://catalog.scranton.edu/content.php?catoid=6&navoid=109&print#Academic_Policies_and_Regulations)

Information Management Model – contact AVP Information Resources

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### VI. Contacts

For policy clarification and interpretation, or consulting on classification and control of electronic information, contact the Information Security Office at 570-941-4226 or email [security@scranton.edu](mailto:security@scranton.edu)

For information on the classification and control of physical records, or consulting on the interpretation of federal and state regulations, contact the General Counsel's Office at 570-941-6213.

### VII. Definitions

University information is contained in physical and electronic records. Physical records (which include all forms of paper records and documents) contain information directly readable by humans. Electronic records contain information that requires an electronic device to read the information.

Information classification categories:

Restricted information is University information that:

- Pertains to information protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Graham Leach Bliley (GLB) Act, Payment Card Industry Data Security Standard (PCI DSS), Federal Trade Commission Red Flag Rules, Pennsylvania Senate Bill 712, or any other federal, state, industry, or local law. See Appendix A/B for further information.
- Makes the University liable for costs or damages due to unauthorized disclosure under laws, government regulations, or contract.
- Includes authentication secrets (passwords, private keys, see Appendix A/B for further examples)

Confidential information is University information that:

- Is used primarily to conduct official University business with limited internal distribution
- Contains proprietary information, pertains to student records that are covered by the Family Educational Rights and Privacy Act (FERPA), or pertains to donor records. See Appendix A/B for further information.

Public information is University information that:

- Is not classified as restricted or confidential

Known confidential and restricted data fields are contained in Appendix A/B.

### VIII. Responsibilities

University department heads or designates are responsible to annually inventory all information their offices acquire, communicate, transmit, process, or store and assign it to one of the information classifications defined in this policy. Department heads shall then apply and document the appropriate controls for each set of records (e.g. forms, electronic documents,

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database, etc.) based on the highest classification of data contained in those records (see currently supported controls in Appendix D and classification/documentation examples in Appendix C). Department heads should confer with their division's data steward throughout this process.

The Information Security Office shall maintain a matrix of applicable controls by process and information type for use by department heads and Information Resources staff. This matrix shall be considered Appendix C of this policy. A list of technical procedures for implementing encryption and access controls will be maintained by Information Resources and published by the Information Security Office, considered Appendix D of this policy.

## IX. Procedures

### Controls

The appropriate control shall be applied to every process used to handle restricted and/or confidential information, according to the classification of that information.

- Acquisition  
Restricted and Confidential information shall only be requested from an individual, or acquired from other sources, when there is a legal and active business use for the information.
- Access  
For Restricted and Confidential information, in any medium, University department heads shall use appropriate physical and electronic controls to limit access to this information to persons who need to use it to perform their University assigned duties and for whom it is legally appropriate to have access to this information. For restricted information, it is required that those given access have a need to know and have executed a non-disclosure/confidentiality agreement that covers this information.
- Network Transmission  
Confidential information may be transmitted over the University or external networks as required, provided that access to the information by normal means is restricted to those who must use it to perform University assigned duties.  
  
Restricted information shall not be transmitted over University or external networks, outside a data center, a firewalled network so designated by Information Resources, unless the data or the entire transmission is encrypted. Questions regarding encryption of data for external transmission should be directed to the Information Security Office prior to transmission.
- Data Processing  
The University and its employees shall employ data processing systems and procedures with appropriate safeguards to ensure that Restricted and Confidential information is not lost or disclosed to unauthorized persons during or after processing.

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- Communication

Confidential and Restricted information communicated by voice, mail, fax, or other methods must use reasonable safeguards against disclosure to unauthorized persons, as appropriate to the method of communication.

Restricted information may not be communicated to third parties, except as specifically required by legal obligation or protected under contractual agreements.

- Storage

Confidential information shall be stored in physical or electronic environments where access is limited to only those who need to use the information for University assigned duties and for whom it is legally appropriate to have access to the information

Restricted information in electronic records shall be secured with strong encryption when stored outside the central University administrative database. Restricted information in all forms of physical records must either be security locked or actively supervised in a private environment at all times.

- Retention, Disposal and Transfer

Confidential and Restricted information must be retained and disposed of in accordance with the University's Records Management Policy. Computers and other electronic devices must be transferred or disposed of in accordance with the Desktop Computer Disposal Procedure.

### Improper Disclosure or Loss

All faculty, staff, and students shall immediately report inappropriate disclosure or suspected loss of Confidential or Restricted information to the Computer Security Incident Response Team (CSIRT) via [abuse@scranton.edu](mailto:abuse@scranton.edu) or 570-941-4226.

The responsible division head or dean will sign any legally mandated information breach notification letters for information lost or disclosed by their employees. For more information see the CSIRT Operational Standards Manual.

## **X. Appendix (optional)**

Appendix A – Information Protection Data Fields by Classification

Appendix B – Information Protection Data Fields Alphabetical

Appendix C — Information Protection Controls for Each Classification

Appendix D — Information Protection Approved Technological Procedures

Appendix E — Information Protection Examples of Information Classification and Controls

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### Appendix A — Information Protection by Classification Specific Confidential and Restricted Data Fields with Examples of Public Data

#### SPECIFIC CONFIDENTIAL DATA FIELDS

This is not an exhaustive list; however, these are known confidential data fields:

**FERPA – Protected Student Records:** As defined by the U.S. Department of Education, “the Family Educational Rights and Privacy Act is a Federal law that protects the privacy of student education records.” The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. Further explanation can be found at the U.S. Department of Education website (<http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>)

- Grades / Transcripts
- Class lists or enrollment information
- Student Financial Services information
- Athletics or department recruiting information
- Payment History
- Financial Aid / Grant information / Loans
- Student Tuition Bills

Note that the following data may ordinarily be revealed by the University without student consent **unless** the student designates otherwise.

- Name
- Former name(s)
- Address (local and permanent)
- Telephone number (campus/local and permanent)
- Date and place of birth
- Photograph
- Major field of study
- Participation in officially recognized activities and sports
- E-mail address
- Dates of attendance
- Enrollment status
- Campus employment
- Class level
- Expected/actual date of graduation
- Degrees, awards, academic honors
- Weight and height of members of athletic teams

#### Employee Information

- Performance reviews
- Worker's compensation or disability claims
- Name in association with:
  - o Salary or payroll information
  - o Date of birth
  - o Home address or personal contact information
  - o Benefits information

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### Management data

- Detailed annual budget information
- University investment information
- Non-anonymous faculty course evaluations

### General Information

- Confidential information shared with legal counsel
- Internal departmental memos and other correspondence for internal-use-only

### SPECIFIC RESTRICTED DATA FIELDS

This is not an exhaustive list of data fields that are covered by non-FERPA laws and University Policy; however, these are known restricted data fields:

### Sensitive Personal Information Controlled by Law, Contract or Policy

- Credit Card Numbers
- Debit Card Numbers
- Bank Account Numbers
- PIN Numbers
- Social Security Numbers
- Drivers License or State Identification Numbers
- Authentication Secrets: passwords, lists of passwords or private keys for certificate authentication

**HIPAA – Protected Health Information:** As defined by the U.S. Department of Health and Human Services, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) protects individuals from the “wrongful disclosure of individually identifiable health information”. In summary, HIPAA prohibits institutions from releasing patient information that can be traced back to a specific individual. Further information can be found at the official HIPAA website <http://www.hhs.gov/ocr/hipaa/>. The following data, in relation to one’s status as a patient, is considered restricted information.

- Patient Names
- Street address, city, county, zip code
- Dates (except year) for dates related to an individual
- Telephone/Facsimile numbers
- E-mail, URLs, & IP addresses
- Account/Medical record numbers
- Health plan beneficiary numbers
- Certificate/license numbers
- Vehicle identification's & serial numbers
- Device identification's & serial numbers
- Biometric identifiers
- Full face images
- Any other unique identifying number, characteristic, or code
- Payment Guarantor's information

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### **EXAMPLES OF PUBLIC DATA FIELDS**

These are examples only:

- Campus maps
- Business contact data (e.g., directory information)
- Event and class schedules

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### Appendix B — Information Protection Alphabetical Specific Confidential and Restricted Data Fields with Examples of Public Data

Department heads shall apply and document the appropriate controls for a set of records (e.g. forms, electronic documents, database, etc.) based on the highest classification of data contained in those records.

Data Field	Classification	Special Note
Athletics Information	Confidential	
Alumni Information	Confidential	
Authentication Secret such as: Passwords List of Passwords Private Keys for Certificates	<b>Restricted</b>	
Bank Account Number and/or PIN Number	<b>Restricted</b>	
Budget Information	Confidential	
Campus Map	Public	
Course Enrollment Information	Confidential	
Course Schedule	Public	
Credit Card Number	<b>Restricted</b>	
Debit Card Number	<b>Restricted</b>	
Departmental Memo	Confidential	
Directory Information	Public	
Drivers License Number	<b>Restricted</b>	
Employee Disability Claim	Confidential	
Employee Name with: Benefits Information Date of Birth Home Address Personal Contact Information Salary or Payroll Information	Confidential	
Employee Performance Review	Confidential	
Employee Social Security Number	<b>Restricted</b>	
Employee Worker's Compensation Claim	Confidential	
Student Health Services Information	** See Notes	See "Patient Information" below.
Legal Counsel Communication	Confidential	
Library Circulation Records	<b>Restricted</b>	
Medical Records	** See Notes	See "Patient Information" below.
Password(s)	<b>Restricted</b>	



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Patient Information including Account Information Beneficiary Information Biometric Identifiers Email Address Guarantor's Information Health Plan Information Identification Number(s) Medical Record(s) Name(s) Personal Contact Information Photographs Other Unique Identifying Information	<b>Restricted</b>	HIPAA prohibits institutions from releasing patient information that can be traced back to a specific individual.
Royal Id	Confidential	
Social Security Number	<b>Restricted</b>	
Student Disciplinary Records	Confidential	
Student Financial Aid Information	Confidential	
Student Grades	Confidential	
Student Grant Information	Confidential	
Student Loan Information	Confidential	
Student Name with Address (local and permanent) Telephone number (campus/local and permanent) Date and place of birth Photograph Major field of study Participation in officially recognized activities and sports E-mail address Dates of attendance Enrollment status Campus employment Class level Expected/actual date of graduation Degrees, awards, academic honors Weight and height of members of athletic teams	** See Notes	These data fields may ordinarily be revealed by the University without student consent unless the student designates otherwise.
Student Non-public Financial Information (such as income, assets, tax forms)	Confidential	
Student Payment History	Confidential	
Student Social Security Number	<b>Restricted</b>	
Student Tuition Bill	Confidential	

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Information		
Student Transcripts	Confidential	
University Counseling Center Records	**See Notes	See "Patient Information"
University Investment Information	Confidential	

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### Appendix C — Information Protection

#### Appropriate Controls for Each Information Classification by Handling Process

Classification	Restricted	Confidential	Public
<b>Process:</b>			
<b>Acquisition</b>	Must be: <ul style="list-style-type: none"> <li>• Legal to acquire</li> <li>• Actively used</li> </ul>	Must be: <ul style="list-style-type: none"> <li>• Legal to acquire</li> <li>• Actively used</li> </ul>	Must be: <ul style="list-style-type: none"> <li>• Legal to acquire</li> </ul>
<b>Access</b>	Limited to those with University duties that require access	Limited to those with University duties that require access and for whom it is legally appropriate to have access	Not restricted
<b>Network Transmission</b>	Data or entire transmission must be encrypted outside datacenter	As required on internal and external networks	As required on internal and external networks
<b>Data Processing</b>	Systems must use appropriate safeguards to prevent loss/disclosure	Systems must use appropriate safeguards to prevent loss/disclosure	As required on any system
<b>Communication</b>	Methods must prevent disclosure to unauthorized persons	Requires appropriate safeguards against disclosure	As required to all persons
<b>Storage</b>	Must be one of: <ul style="list-style-type: none"> <li>• Strong encryption using strong password or private key</li> <li>• University central administrative database</li> <li>• Securely locked</li> <li>• Actively supervised in a private environment</li> </ul>	Storage in a secure location with controls in place to limit access to those with University duties that require access	As required
<b>Retention, Disposal, Transfer</b>	According to Records Management Policy and Desktop Computer Disposal Procedure		

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### Appendix D — Information Protection Technological Procedures for Access, Transmission, and Storage Controls

#### ACCESS

Access to confidential and restricted information in electronic records shall be controlled as follows:

- Use appropriate system or network permissions for the individual or group to restrict access
- Authenticate each person accessing the information individually using one of the following:
  - o University Network ID and Password
  - o Other unique ID and a strong password that meets Information Resources' Password Complexity Requirements

**All authentication must be encrypted.**

#### TRANSMISSION

Public and Confidential Information may be transmitted as required on internal and external networks. Restricted information may NOT be transmitted on any network without encryption.

Acceptable encrypted network transmission methods include:

- Virtual Private Network (VPN) where systems on both ends of the transmission meet Security requirements. Examples:
  - o Using a VPN connection to e-mail restricted information is NOT encrypted transmission because the e-mail will leave the VPN at some point on the way to its destination
  - o Using a VPN to access reports from the central administrative system is secure transmission because the unencrypted reporting system is inside a data center
- Secure Sockets Layer (SSL) or Transport Layer Security (TLS) transport for network protocols such as Secure HyperText Transfer Protocol (HTTPS), Lightweight Directory Access Protocol (LDAP), etc.
- Secure Shell (SSH) and related protocols Secure File Transfer Protocol (SFTP) and Secure Copy (SCP)
- Remote Desktop Protocol (RDP) using encryption
- Secure email attachments server (Royal Drive)

#### STORAGE

Storage of restricted information outside the central administrative database requires strong encryption with a strong password.

Examples of storage encryption known to be strong include:

- Microsoft Encrypting File System (EFS) on Windows XP or later
- FileVault and disk image encryption on Macintosh OS/X
- Pretty Good Privacy (PGP) public/private key encryption, where the private key is secured
- Sophos Utimaco SafeGuard (whole disk encryption)
- Programs using standard protocols with at least a 128bit key protected by a strong password, examples include:
  - o Triple DES/3DES
  - o AES
  - o IDEA

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- o Blowfish

For consulting on access control, and encrypted transmission and storage methods, please contact the Information Security Office.

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### **Appendix E — Information Protection**

#### **Examples of Information Classification and Access Controls**

**NOTE:** Each set of records should have controls applied according to the highest classification of data contained in those records; the procedures for implementing those controls by the department must be documented. The following examples are intended to assist with information classification. Applying the appropriate controls is the responsibility of the department head and data steward.

##### **Example 1:**

A physical form contains a restricted field, e.g. Social Security Number. Therefore, the entire form is handled under the restricted controls. Despite the presence of public and confidential information on the form, the entire form is classified as restricted and handled accordingly. If all of the data from the example form is entered into a single spreadsheet, that spreadsheet becomes restricted information and must have controls for restricted data applied and documented. If the SSN data from the example form is entered into one spreadsheet while the rest of the data is entered into a database (without the SSN), then the spreadsheet needs the restricted controls applied and documented, but the database does not. The department will document how the forms are obtained, handled and secured under the appropriate controls (e.g. which locked storage will be used when not being processed in a private area; what to do with the forms when they must be temporarily left unattended). The department will document how the spreadsheet containing the SSNs will be encrypted when transmitted (e.g. Secure Attachments server and stored on disk using PGP).

##### **Example 2:**

Someone calls into the Campus Operator asking for a student's residence hall assignment. Unless the student has previously requested that his/her contact information not be disclosed, the student's residence hall information can be disclosed without violated FERPA regulations. Information Classification and Protection Policy