{On Agency Letterhead}

 <INSERT DATE>

 TO: Banking Operations

 Department of State Treasurer

 RE: CB$ Access Review

In accordance with State Security Standard 020101, Managing Access Control Standards, issued by the State Chief Information Officer (SCIO) under the authority of G. S. § 147-33.110, we hereby certify that:

We have conducted a review of the access rights for the Department of State Treasurer Core Banking System. Our review of user access rights for Department of State Treasurer’s (DST) application system is conducted on a bi-annual basis. In addition, each quarter we review the access rights of administrator accounts. This bi-annual and or privileged user (circle one) review is as of MMM-YYYY.

We shall maintain documentation that supports these reviews for three fiscal years from the end of the fiscal year for which the documentation was prepared if no litigation, claim, audit, or other official action involving the records has been initiated. If official action has been initiated, we will maintain the documentation until after completion of action and resolution of issues involved. Upon request, all documentation will be made available to representatives of DST and/or the Office of the State Auditor.

**Chief Financial Officer**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

 **CB$ Administrator:**

**­­­­­­Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**