

Confidentiality Agreement

Employee Name: _____

I understand that my access to the confidential data, information, and records (hereinafter "Confidential Information") maintained in UNC Charlotte's electronic records systems (hereinafter "Records System(s)") is limited to my need to know for the purpose of performing my duties as a University faculty or staff member.

Confidential Information includes, but is not limited to, Social Security Numbers, confidential personnel records (see Policy Statement #59, "Personnel Records"), and student education records (see Policy Statement #69, "Student Records").

By my signature below, I acknowledge that I have been advised of, understand, and agree to the following terms and conditions of my access to the Confidential Information contained in any System.

1. I will maintain my personal Records System password in confidence. I will not disclose it to any other person or authorize others to use it.
2. I will use my authorized access to Records System information only in the performance of the responsibilities of my position as a University employee.
3. I will comply with all controls established by the division of Business Affairs and Information Technology Services for the use of records maintained within a Records System.
4. I will avoid disclosure of Confidential Information to unauthorized persons without the appropriate consent or permission or except as permitted under applicable University policy and/or Federal or State law. I understand and agree that my obligation to avoid such disclosure will continue even after I leave the employment of UNC Charlotte.
5. I will exercise care to protect sensitive information against accidental or unauthorized access, modifications, disclosures, or destruction.
6. When discussing Confidential Information with other employees in the course of my work, I will exercise care to keep the conversation private and not overheard by others who are not authorized to have access to such Confidential Information.
7. I understand that any violation of this Agreement or University Policy Statement #102, "Data and Information Security," will result in immediate termination of my access to Records Systems and may result in disciplinary action, including dismissal from employment, as well as criminal penalties or civil liability.

I have been given the opportunity to review Policy Statement #102 and the Regulations supplemental to Policy Statement #102, and any questions I have had about it have been answered to my satisfaction.

Employee Signature: _____ **Date:** _____

Employee Title: _____

Department: _____ **Phone:** _____

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