FAYETTEVILLE STATE UNIVERSITY
Employee Confidentiality Agreement

I, _____, understand that Fayetteville State University ("University") is subject to various state and federal laws regarding privacy and security of confidential data, information, and records ("Confidential Information"). Confidential Information may be maintained in electronic or paper forms and includes, but is not limited to, social security numbers and information contained in personnel records and student education records.

By signing below, I acknowledge that I have been advised of, understand, and agree to the following terms and conditions of my access to Confidential Information maintained by the University.

1. I will use my authorized access to Confidential Information only in the performance of the responsibilities of my position as a University employee.

2. I will comply with all controls established by the University for the use of records maintained on the University's networks or other electronic systems.

3. I will avoid disclosure of Confidential Information to unauthorized persons without the appropriate written consent or permission or except as required 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 the University.

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 allow the conversation to be overheard by others who are not authorized to have access to such Confidential Information.

7. I will immediately notify my supervisor and Information Technology and Telecommunications Services if I have any information pertaining to a security breach resulting in the inadvertent or intentional unauthorized release of Confidential Information to any University employee or third party.

8. I understand that any violation of this Agreement or applicable University policy will result in immediate termination of my access to the University's network or other electronic system, 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 this agreement and any questions I have had about it have been answered to my satisfaction.

_____

Employee's Signature Printed Name Date

_____

Employee's Title Department

THIS DOCUMENT SHALL BE RETAINED IN THE EMPLOYEE'S PERSONNEL FILE LOCATED IN THE OFFICE OF HUMAN RESOURCES