Idaho State University Records Management Program

Acceptance of Responsibility - Confidentiality Agreement

As part of my employment with Idaho State University, I am expected and required to access, evaluate, and annotate records of the University. These processes require the handling of and exposure to confidential client (student/faculty/staff/patron) and institutional information occurring in both paper and electronic form.

I understand and agree that confidential information I am exposed to will not be discussed, disclosed, or in any way communicated with anyone other than the supervisory personnel directly connected to my position or others specified by my supervisor(s) as appropriate.

I acknowledge and understand that I must comply with federal and state laws, as well as University policies, regarding the confidentiality of information relating to clients and the institution. I have received a copy of, and understand, and will abide by the University's Records policies as published.

I agree to report to my supervisor, or the University Records Manager, any request made by unauthorized persons to access confidential records of the University.

I acknowledge and understand that the improper disclosure by me of information relating to clients or the institution may subject the University to civil penalties or other penalties under the law, and in some instances, these penalties may extend to me. I also acknowledge and understand that such improper disclosure may result in disciplinary action up to and including termination of employment or academic internship.

_____ _____

LEGAL Employee Name (please print) Signature

_____ _____

Social Security and/or ISU ID (Bengal Card #) ISU Job Title

_____ _____

ISU Department/Supervisor ISU Campus Mail Box

_____ _____ _____

Email Address Work Phone Home Phone (Opt.)

For access to Student Information and Faculty/Staff Tools return a copy of this form to:

Office of Registration and Records **Campus Box 8196**

Phone: (208) 282-2661 **Fax: (208) 282-4231**

Space below is reserved for Official Departmental Use Only!

Access to Student Information and Faculty/Staff Tools is approved: Yes_____ No _____

_____ _____

Date Authorized By

ISU Form - Revision 1, October 2001 approved by University Counsel **Revised: 05/22/2002**