



**Idaho State University**  
**Records and Information Management Program**  
**Confidentiality Agreement –**  
**Acceptance of Responsibility for Access to Protected Information**

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 protected or 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. Information about the University’s privacy and records management policies and my requirement to abide by them at all times during my employment are available in the *Records Program Guide* and on the Records Management website at <http://www.isu.edu/infomgmt/>.

I agree to report to my supervisor, or the University Records Manager, any request made by unauthorized persons to access (duplicate or release) 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, academic internship, or eligibility to graduate.

_____ LEGAL Employee Name (please print)	_____ Signature	
_____ ISU ID (Bengal Card #)	_____ ISU Job Title	
_____ ISU Department/Supervisor	_____ ISU Mail Stop	
_____ Email Address	_____ Work Phone	_____ Home Phone (Opt.)

**The original signed version of this form should remain on file in the employing department.**

Mail or fax a copy of this form *Office of Registration and Records*, Mail Stop 8196, fax: 282-4231, voice 282-2661, to set up access to the  Student Information System and/or  Faculty/Staff Tools (check the systems to be accessed).

<b>Space below is reserved for Official Departmental Use Only!</b>	
Access to SIDS <input type="checkbox"/> and/or Student Info via Faculty/Staff Tools <input type="checkbox"/> is approved: Yes _____ No _____	
_____ Date	_____ Authorized By (print name and sign)