

IDAHO STATE UNIVERSITY

Confidentiality Agreement for Student Employees

I have been granted access to Idaho State University (“University”) systems and databases, including access to private sensitive information, specifically employee information, which is deemed confidential. I have been granted this access for the performance of authorized job responsibilities only. I understand that any of the following actions on my part may result in disciplinary action up to and including termination of employment, criminal prosecution, and civil actions: (1) unauthorized or illegitimate use of a University system, databases or data within the system; (2) unauthorized disclosures of confidential information in written, electronic or oral form; (3) storage of confidential information on insecure devices in violation of University policy. _____(Initial here)

Disclosure of employee information is protected under Idaho state law and University policy. I am aware that I have an obligation to protect confidential data to which I have access and only disclose it as provided by state law or University policy. I will ensure that I only disclose confidential information to University personnel that have a legitimate job-related need for such information, or as directed by my supervisor. _____(Initial here)

I am aware that I may access and/or modify only the data for which I have been given full authorization and have legitimate purpose in performing my assigned responsibilities. I further understand that I may not share my account or password with any other person. I agree to take all steps reasonably necessary to safeguard the confidential information entrusted to me and to prevent it from falling into the possession of unauthorized persons. _____ (Initial here)

I further understand that all procedures, creative work, written documents, records, and computer programs must be created and documented in accordance with the policies and standards of the University or its agents and such materials are the property of the University and are not for public disclosure or unauthorized use. _____ (Initial here)

By signing this form, I hereby acknowledge that I have read and understood this confidentiality agreement and that I agree to abide by its terms, which will survive the termination of my employment with the University. _____ (Initial here)

Signature

Printed name/Date