



## Confidentiality Agreement

1. For the purposes of this Agreement, “confidential information” is defined as information disclosed to me, accessed by me, or otherwise known to me as a consequence of my employment, internship, studies or volunteerism. It includes but is not limited to confidential, personnel, business, sensitive, private, secure, and proprietary information accessible from any source and in any form (talking, paper, electronic).
2. Along with any rights given to access transcripts, reports and records of students, faculty or staff of DSU comes the responsibility to maintain the privacy rights of students as outlined in the Family Educational Rights and Privacy Act (FERPA). I agree to comply with FERPA by not disclosing personally identifiable information about students to unauthorized third parties without the written consent of the student, except as permitted by law or federal regulations. I further agree to consult with my supervisor or appropriate University official if I am uncertain about the appropriate response.
3. During my employment, internship, studies or volunteerism and after the termination of my employment, I will hold confidential information of the University in trust and confidence, and will not use or disclose it or any embodiment thereof, directly or indirectly, except as may be necessary in the performance of my duties for the University. I understand that unauthorized disclosure could be highly damaging to the University, its faculty, staff, students, donors, or others.
4. I will not access, use, remove, disclose, copy, release, sell, loan, alter or destroy any confidential information except as authorized within the scope of my duties with DSU. Any and all such materials are the property of the University. Upon termination of any assignment or as requested by my supervisor, I will return all such materials and copies thereof.
5. I agree to safeguard personally-identifiable data, the official reports or records in the custody of the University, and the means and conditions of custodial security, and I agree to keep such information and means secure and strictly confidential at all times, whether on or off duty.

I understand that I am responsible for and acknowledge that I fully understand the disclosure by me of confidential information to any unauthorized entity could subject me to criminal and civil penalties imposed by law. I further acknowledge that such willful or unauthorized disclosure also violates University policy and could constitute just cause for disciplinary action including termination of my employment regardless of whether criminal or civil penalties are imposed.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_ Dept. /Supervisor: \_\_\_\_\_