

**Tennessee State University**

**Employee Confidentiality Agreement for Access to Classified Records**

I, \_\_\_\_\_, understand that my access to the confidential data, information, and records (hereinafter "Confidential Information") maintained by Tennessee State University is limited to my need to know for the purpose of performing my duties as a Tennessee State University faculty or staff member. This includes, but is not limited to information maintained on TSU's networks and in its electronic records systems (hereinafter "Records System(s)")

Confidential Information includes, but is not limited to, Social Security Numbers, confidential information contained in personnel records (refer to Tennessee Board of Regents Policy 5:01:00:10, *Personnel Records*) and student education records (refer to Tennessee Board of Regents Policy 3:02:03:00, *Confidentiality of Student Records*).

By my signature below, I acknowledge that I have been advised of, understand, and agree to the following terms and conditions of my access to the Confidential Information contained in any University System.

1. I will maintain my personal Records System password in confidence. I will not disclose it to any other person or authorize others to use it.
2. I will use my authorized access to Records System information only in the performance of the responsibilities of my position as a University employee.
3. I will comply with all controls established by the Business Affairs Office and Computer Information Technology Department for the use of records maintained within a Records System.
4. 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 Tennessee law. I understand and agree that my obligation to avoid such disclosure will continue even after I leave the employment of Tennessee State 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 overheard by others who are not authorized to have access to such Confidential Information.
7. I will immediately notify my supervisor and the Computer Information Technology Department 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 Tennessee Board of Regents policy or University policy will result in immediate termination of my access to Records Systems, 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 Signature: \_\_\_\_\_

Employee Printed Name: \_\_\_\_\_

Employee Title / Department: \_\_\_\_\_

Date: \_\_\_\_\_