

Tuskegee University
Office of Distance Education and Online Learning
Confidentiality Agreement

Date: _____

- I understand that I may have direct or indirect access to confidential individually identifiable student/staff/alumni/non-student information (i.e., IDs, passwords, grades, phone numbers, course schedules, birthdates, personal stories and circumstances, etc.) in the course of performing my work activities.
- I agree to protect the confidential nature of all individually identifiable student/staff/alumni/non-student information to which I have access.
- I understand that as a professional, I have an ethical responsibility to keep all information shared with me, obtained, overheard, etc., during the course of my work activities confidential.
- I understand that I am not to transmit or share this information in any way, except in approved situations, and am responsible for the proper handling, security, and disposal of this information.
- I understand that there are federal, state, and institutional laws, regulations, policies, and procedures (e. g. FERPA) with which I am required to comply related to the protection of individually identifiable student/staff/alumni/non-student information.
- I understand that my failure to observe and abide by these policies and procedures may result in contract termination.
- I understand how I am expected to ensure the protection of individually identifiable student/student/staff/alumni/non-student information. Should questions arise in the future about how to protect information to which I have access, I will immediately notify my supervisor.
- I have been informed that this signed agreement will be retained on file for future reference.

PRINT NAME: _____

SIGNATURE: DATE: _____