

East Carolina University

Student Employee Data Confidentiality Agreement

By my signature below, I acknowledge that I understand that as a student employee of East Carolina University (ECU) I have an obligation to protect any and all confidential and/or sensitive¹ information that I obtain in the course of my employment whether printed, written, spoken, or electronically produced. I further understand and agree to seek my supervisor's direction if questions arise with respect to access, use or disclosure of sensitive information.

I further understand that all sensitive ECU information must be accessed and maintained in a confidential and secure manner and that I am only authorized to access such information to the extent I am required to do so in the performance of my employment. Information may not be divulged, copied, released, sold, loaned, reviewed, altered, emailed to others or myself, or destroyed except as properly authorized by the appropriate University official within the scope of applicable federal or state laws, and University Policies, Regulations, Rules and Procedures.

I also acknowledge my understanding that University sensitive information must not be downloaded to my personal computer, unauthorized personal computers, social networking sites, portable devices (flash drive, CD, etc.) or any unauthorized medium.

I agree that I will not forge, alter, defraud, or misuse documents, charge cards, money, checks, records or ECU 1 Cards of an individual or the University. I understand and acknowledge that such conduct may be a violation of law and/or violation of applicable University policy.

I accept complete responsibility for my actions and I understand and acknowledge that any violation of this agreement, or failure by me to protect the confidentiality of ECU's information, including but not limited to any kind of unauthorized access will be considered unacceptable personal conduct and may result in disciplinary action, up to and including dismissal. I also understand that I am obligated to uphold the ECU Student Code of Conduct and that my actions are subject to the review under the ECU Student Code of Conduct.

By signing this form, I have read and agree to abide by all the terms of this agreement. A copy has been given to me for my records.

Student Employee Signature: _____

Full Name (*Print*): _____

Email Address: _____

Telephone: _____

Department: _____

Date: _____

Supervisor: _____

¹May include but is not limited to:

Social Security Numbers or employer taxpayer identification numbers; Driver's License, State Identification Card, or Passport Numbers; Digital Image; Date of Birth; Home Address; Home Telephone Numbers; Checking and Savings Account Information; Credit Card Information; Debit Card Information; Passwords; Students' Non-directory Information (GPA, Class schedule, grades, exam scores, etc.); Protected Health Information (Any information that identifies a patient and their treatment); Proprietary Information (research, patent, legal, compliance, etc.); Personnel Information