



Employee Confidentiality Agreement

I understand that my access to data, information, and records (all hereinafter referred to as Information) maintained in the manual and automated information and records systems of Texas State University (all hereinafter referred to as Information Systems) is limited to my need for the Information in the performance of my job duties.

By my signature below, I affirm that I have been advised of, understand, and agree to the following terms and conditions of my access to Information contained in Information Systems.

1. I will use my authorized access to Information Systems only in the performance of the responsibilities of my position as a member of the University's faculty or staff.
2. I will comply with all controls established by the University regarding the use of Information maintained within Information Systems.
3. I will not disclose information allowable to be disclosed under the Freedom of Information Act or the Texas Open Records Act unless I have followed the formal University policies of obtaining permission to disclose such information. I understand and agree that my obligation to avoid such disclosure will continue even after I leave the employment of Texas State University.
4. I will exercise care to protect Information against accidental or unauthorized access, modifications, disclosures, or destruction.
5. When discussing Information with other employees in the course of my work, I will exercise care to keep the conversation from being overheard by others who are unauthorized to have access to such Information.
6. I understand that I am not to discuss information that I learn about as a result of my employment at Texas State with persons outside the University, other than in accordance with [UPPS 04.01.01](#), Security of Texas State Information Resources, and [UPPS 04.01.07](#), Appropriate Use of Information Resources.
7. I understand that any violation of this Agreement or other University policies related to the appropriate release or disclosure of Information may result in one or more sanctions including immediate termination of my access to Information Systems, disciplinary action up to and including dismissal from employment, criminal penalties, or civil liability.

I affirm that I have been given the opportunity to review [UPPS 04.01.01](#), Security of Texas State Information Resources, and [UPPS 04.01.07](#), Appropriate Use of Information Resources, and other University policies referenced therein, and I further affirm that my questions about those policies have been answered to my satisfaction.

Employee Signature: _____

Printed Employee Name: _____

Employee Title: _____

Date: _____

Department: _____