

TEXAS  **STATE**
DEAN OF STUDENTS[®]

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 only in the performance of the responsibilities of my position as a member of the Dean of Students Office.
2. I will comply with all controls established by the University regarding the use of Information.
3. I will avoid disclosure of Information to unauthorized persons without the appropriate consent of the Information owner except as permitted under applicable University policy and/or Federal or State law. 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 not authorized 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 University with persons outside the University, unless specifically directed to do so by my supervisor.
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 the following policies and procedures, and understand that a full listing of other University policies referenced therein are available for review at Policy and Procedure Statements website, <http://policies.txstate.edu/>:

[UPPS No. 01.04.31 – Access to Student Records Pursuant to the Family Educational Rights and Privacy Act of 1974](#)

[Office of the Registrar – What is FERPA?](#)

[UPPS No. 04.01.01 – Security of Texas State Information Resources](#)

[UPPS No. 04.01.07 – Appropriate Use of Information Resources](#)

I further affirm that my questions about those policies have been answered to my satisfaction.

Employee Name: _____

Employee Title: _____

Employee Signature: _____

Date: _____