

Indiana University of Pennsylvania Confidentiality Statement

As an employee of the Pennsylvania State System of Higher Education (PASSHE), I acknowledge that I may, either occasionally or as a normal part of my job, have the opportunity to access or gain knowledge of confidential/personal data and other information of present and former PASSHE employees, students, and affiliates. I agree that I will access, use, discuss, release, and/or divulge only the data that is needed to perform my job. I understand that I am prohibited from accessing, using, discussing, releasing, and/or divulging this data unless doing so is a requirement of my job.

I acknowledge that my obligations regarding the access to and disclosure of confidential information apply to all confidential information, whether it exists on computing and networking systems or in other forms; whether it is available to me through the privileges of my computer, network, or other PASSHE/University-sponsored access codes, or in other ways; and whether it is available to me during or outside of my working hours at the University. In addition to my obligations regarding the appropriate access to and use of confidential information, I also agree that I will not, either as an employee or as a user of the resources, jeopardize the integrity and availability of the University's computing, networking, telephone, and information systems.

I understand that any release of this information will be done only through authorized protocols. I understand failure to comply with these obligations, or violation of the PASSHE/University access and acceptable use of information technology policies, (University access and acceptable use of information technology policies can be found on the university web site at <http://www.iup.edu/itsupportcenter/policies/>) may result in disciplinary action up to and including separation from employment. A violation of this agreement may result in criminal action if it is determined that any local, state, or federal law has been violated. I also understand that my other associations with the University, such as my status as a student or employee, may be seriously affected, in accordance with the student handbook, applicable collective bargaining agreement, and/or University and PASSHE personnel policies.

By my signature below, I am certifying that I have read, understand, and agree to abide by the provisions of this policy. I understand this document will become a part of my permanent personnel file in the Office of Human Resources or student employment file in the Payroll Services Office, whichever is applicable.

Employee's Signature

Date

Print Employee's Name

Official Use Only

Identification #: _____ Witness: _____

Record Date: _____