



CONFIDENTIALITY AGREEMENT

Employee Name	EmpID
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University of Central Florida personnel provide essential and valuable services to faculty, students, and staff. While engaging in these functions, employees collect or may have access to utilize personal and privileged information concerning individuals associated with the University. This requires a commitment of confidentiality to protect privacy. Unless there is a proper and appropriate request, including a request from the affected individual, unauthorized disclosure or access of this information could create legal liability and loss of public confidence in the University.

ACCORDINGLY, I, _____, HEREBY AGREE NOT TO RELEASE THE FOLLOWING PERSONAL OR PRIVILEGED INFORMATION WITHOUT PROPER AUTHORIZATION FROM THE DEAN, DIRECTOR, AN ASSOCIATE DIRECTOR, A MANAGER OR AN APPROPRIATE SUPERVISOR:

- 1. Any information from student records, personnel records, or other types of files or documents. Under no circumstances shall social security numbers or benefits information, including the identity of dependents, be released.
- 2. The contents of discussions and conversations by Departmental personnel concerning privileged, personal or confidential cases.
- 3. Any personal information stored in Departmental computers, including passwords.
- 4. Copies of any of the above listed information or documents without an appropriate request from a University official or a written release from a member of the faculty, a student, or a staff member.

Employees are cautioned that disclosing confidential information over the telephone is discouraged. I will not disclose confidential or otherwise sensitive information over the telephone if I am not completely confident that the individual on the other end of the telephone line is the individual to whom the information relates (or is my supervisor or another university official with authority to receive the information).

Student Information – Family Educational Rights and Privacy Act (FERPA)

By circumstance of employment with the University of Central Florida, I may have access to student education records or to personally identifiable information about students, the disclosure of which is governed and restricted both by the Family Educational Rights and Privacy Act of 1974, as Amended (FERPA) and Florida law. I am aware that I must manage the data, materials and records to which I may have access in a professional and confidential manner.

I fully understand that an intentional disclosure by me of student education records or personally identifiable information to any unauthorized person could subject me to penalties under the law. I further understand that if I breach confidentiality or abuse my position relating to confidential information I could be subject to disciplinary action, up to and including dismissal, depending upon the circumstances of the violation.

I understand that all persons have a right to privacy and will treat all sources and records as privileged. I will consult a higher level supervisor if there is any doubt or question about the authority to release information. I understand that violation of this agreement subjects me to disciplinary action, up to and including dismissal, depending upon the circumstances of the violation.

Signature: _____ Date: _____

Print Full Name: _____ Dept: _____