



CONFIDENTIALITY AGREEMENT

SSN (only if EmplID is not yet assigned)	EmplID	Campus Phone #
Last Name	First Name	M.I.

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, unauthorized disclosure or access of this information could create legal liability and loss of public confidence in the University.

ACCORDINGLY, THE UNDERSIGNED HEREBY AGREES 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 and personnel records or, all types of files, or other documents. Under no circumstances shall social security numbers or benefits information, including the identity of dependents, be released.
2. Any information by telephone or any other source to persons outside of the University or to persons within the University who do not have an official need for the information.
3. The contents of discussions and conversations by Departmental personnel concerning privileged, personal or confidential cases.
4. Any personal information stored in Departmental computers, including passwords.
5. Copies of any of the above listed information or documents without a proper Florida Public Records Request under Chapter 119, Florida Statutes, an appropriate request from a University official, or a written release from a member of the faculty, a student, or a staff member.

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

By circumstance of employment with the University of Central Florida, the undersigned may have access to student educational records or to personally identifiable student information, 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. The undersigned is aware that they must manage the data, materials and records to which they may have access in a professional and confidential manner.

The undersigned fully understands that an intentional disclosure by them of student educational records or personally identifiable information to any unauthorized person could subject them to criminal and civil penalties under law. The undersigned is aware that a breach of confidentiality on their part or any abuse of their position may constitute disciplinary action, up to and including dismissal, dependent upon the individual circumstances involved in the violation.

The undersigned understands that all persons have a right to privacy and will treat all sources and records as privileged. The undersigned will consult a higher level supervisor if there is any doubt or question about the authority to release information. It is understood that violation of this agreement subjects the undersigned to disciplinary action, up to and including dismissal, dependent upon the individual circumstances involved in the violation.

Signature: _____ Date: _____

Print Full Name: _____ Dept: _____