Human Resources
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The Florida State University
Employee Statement of Understanding Regarding Confidentiality

I understand that in the course of my work for The Florida State University ("University"), I may be given or have access to personal information regarding employee, customer, student, parent and/or patient accounts with the University (e.g., name, address, social security number, employment, type and/or amount of debt owed, payment, banking, medical and/or other similar information) and other information that is confidential (collectively, "Confidential Information") including, but not limited to, students, parents, custodians, customers and lists (actual or prospective and including charges and payment histories); financial information, including financial statements, purchases; computer programs and/or systems information; information relating to University operations, methods, strategies and techniques and their use and effectiveness; and employee information (including disciplinary and other similar matters). This information may be on paper, contained in software, visible on screen displays, in computer readable form or otherwise. I understand that from time to time, the University may revise the description of "Confidential Information" and that I may obtain clarification as to what is "Confidential Information".

I will receive and hold all personal information as highly confidential, and hereby affirm that I will not (i) use any of it except in my work for the University; (ii) copy any of it except as necessary to such permitted use; and/or (iii) publish, disclose or provide access to any of it (including to a student's parents unless written permission is received) except for limited disclosure and access to other University employees who need to know for the same permitted use or as otherwise directed by University. Upon the termination of my employment, or earlier as instructed by University, I will return to the University all copies (original and duplicate) of all materials in whatever form containing Confidential Information.

I understand I am responsible for reading, understanding and complying with the University Policies on Family Educational Rights and Privacy, the Use of Technology Resources, Information Technology Security Policy, Records Management and Public Records – Uniform Charges, as well as the related responsibilities provided in the University Data Management and Computer Security Business Manual.
I am responsible for taking basic steps to maintain the security, confidentiality and integrity of customer information, such as:

- locking rooms and file cabinets where paper records or other backup media are kept;
- using password-activated screensavers;
- using strong passwords (at least eight alphanumeric characters long);
- changing passwords periodically and not posting passwords near my computer or sharing passwords with others;
- verifying telephone fax numbers prior to transmitting secure data;
- referring calls or other requests for customer information to designated individuals who have attended safeguards training; and
- recognizing any fraudulent attempt to obtain customer information and reporting it to a supervisor and appropriate law enforcement agencies.

I understand and agree that any violation by me of the foregoing may result in disciplinary action, including termination of my employment.

_____ _____
EMPLOYEE SIGNATURE DATE

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EMPLOYEE NAME (printed)