



## Employee Confidentiality Agreement

I understand and accept the following conditions and responsibilities of my employment at the University of North Florida:

1. In the performance of my job duties, I acknowledge and agree that I may gain access to information and records (collectively, "Information"). Some of the Information may be sensitive or confidential and, as a result, protected from disclosure by federal or state law. Examples of such protected Information include, but are not limited to, education records (whether paper or digital) that are protected under the Family Educational Rights and Privacy Act of 1974 ("FERPA"), employee records that are protected from disclosure under Florida law, medical or disability information pertaining to students or staff and other confidential information. I understand that unauthorized disclosure of such Information can adversely impact the University, individual persons, or affiliated organizations.
2. I will use my access to Information only in the performance of the responsibilities of my position as a member of the University's faculty or staff.
3. I will comply with all controls established by the University regarding the use of Information.
4. I agree to not permit myself or any other person to copy or reproduce Information other than what is required in the regular performance of my job duties.
5. I will exercise reasonable care to protect Information against accidental or unauthorized access, modifications, disclosures, or destruction.
6. I agree to immediately report to my supervisor any unauthorized use, duplication, or disclosure of Information by myself or others.
7. I agree to read and comply with all university policies related to the security and privacy of the Information, including the University's policy regarding Code of Conduct and Ethics.
8. I understand that any failure to adhere to one or more of the above listed conditions and responsibilities may subject me to disciplinary action up to and including immediate dismissal from employment and potential criminal penalties or civil liability.

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Employee Name (Print)

Signature

N#

Date