
CONFIDENTIALITY FORM FOR CHANCELLOR'S OFFICE EMPLOYEES AND CONSULTANTS

I certify that I have been given a copy of, and have read and understand, the attached summaries of provisions of the California Information Practices Act of 1977 and Title 5, California Code of Regulations, that govern access to and use of information contained in employee, applicant, and student records, including but not limited to data that is accessible through the Chancellor's Office Peoplesoft system.

I understand that any access I am granted to this information and data is based on my agreement to comply with the following terms and conditions:

- I will comply with the state and federal laws and University policies that govern access to and use of information contained in employee, applicant, and student records.
- My right to access information and/or data is strictly limited to the specific information and data that is relevant and necessary for me to perform my job-related duties.
- I am prohibited from accessing information or data that is not relevant and necessary for me to perform my job-related duties.
- I will be a responsible user of information and data, whether it relates to my own unit or another unit.
- I will store information and data that I obtain under secure conditions.
- I will maintain the privacy and confidentiality of the information and data that I obtain.
- I will make every reasonable effort to interpret the information and data I obtain in an accurate and professional manner.
- Before sharing information or data with others, electronically or otherwise, I will ensure that the recipient is authorized to receive that information or data and understands his/her responsibilities as a user.
- I will sign off any system containing confidential information when I am not actively using it.
- I will keep my password(s) to myself, and will not disclose them to others unless CO Human Resource Services and my supervisor authorize such disclosure in writing.
- I will store and secure confidential and sensitive information, data, reports, etc. in a manner that will maintain their confidentiality when I am not actively using them.
- I will dispose of confidential reports in a manner that will preserve their confidentiality when I have finished using them.

ACKNOWLEDGMENT:

I will not misuse personal or confidential information or data that I obtain through my employment. I certify that I have read this Confidentiality Form, I understand it, and I agree to comply with its terms and conditions.

Name (Print): _____ Date: _____

Signature: _____