TEXAS TECH UNIVERSITY SYSTEM CONFIDENTIALITY AGREEMENT

I agree to hold as strictly confidential all Texas Tech University System (TTUS) and Texas Tech University (TTU) information regarding employee and/or student records, communications, and activities and all other information made confidential by TTUS/TTU policy or law (including, but not limited to, the Family Educational Rights and Privacy Act of 1974 and the Gramm-Leach-Bliley Act of 1999) to which I have access or obtained as faculty, employee, student, agent, representative, or affiliate of TTUS/TTU.

I agree that I will not read or otherwise gain access to such confidential information except as required to perform my duties and responsibilities at TTUS/TTU. Further, unless disclosure is authorized or required by law, I agree that I will not disclose any such confidential information now or at any time in the future, either directly or indirectly, except as required to perform my duties and responsibilities at TTUS/TTU and, then, only to the extent disclosure is consistent with the authorized purpose for which the information was obtained.

I agree to handle all confidential information, whether written, computerized, oral, or in some other form, in such a way that it shall not be inadvertently revealed or disclosed to any other person. Except as authorized by my responsibilities and duties, I agree that I will not maintain for my files any permanent record that contains confidential information and will provide for the complete destruction of any rough drafts or unofficial copies of confidential information.

I acknowledge and agree that any breach of the Confidentiality Agreement by me may result in corrective action, consistent with Texas Tech University policy, up to and including termination of employment; further, I understand that such a breach may result in legal action.

The terms of this Confidentiality Agreement are effective immediately and apply to all confidential information I have attained in the past, as well as information I might attain in the future. I understand that this document will become a part of my permanent employment and/or student record.

Signature

Date

Printed Name

R# or last 4 of security number

Attachment A OP 70.40 03/10/21