



TEXAS TECH UNIVERSITY
University ID/Raider Card Office

TEXAS TECH UNIVERSITY
CONFIDENTIALITY STATEMENT

I agree to hold as strictly confidential all information regarding personnel, faculty/staff, and/or student records, communications, and activities and all other information made confidential by TTU policy or law (including, but not limited to, the Family Educational Rights and Privacy Act of 1974 (FERPA), and Accountability Act of 1996, and the Gramm-Leach-Bliley Act of 1999) to which I have access or obtain as faculty, employee, student, agent, representative or affiliate of 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 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 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 disciplinary action which may include immediate termination of my employment or affiliation with TTU; 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 future information. I understand that this document will become a part of my permanent personnel and/or student record.

Signature of Faculty, Employee, Student or Affiliate Date

Print Name

Witness signature

Date

Department Name: _____