

BOWIE STATE UNIVERSITY

STATEMENT OF CONFIDENTIALITY

Bowie State University regards security and confidentiality of data and information to be of utmost importance. As an employee of the Bowie State University, I understand that I may, during the course of my employment, obtain access to records and/or information and data which are confidential in nature. The records, information, and data may be of and include Bowie State University faculty, staff, and students. I will maintain any information accessed through my assignments in the utmost of confidence. The disclosure of any such information will be made when deemed to be of a business necessity or at the direction of my immediate supervisor. My signature on this statement affirms my agreement to abide by all policies, rules, and regulations of the University.

I, _____, agree to abide by the policies and procedures of Bowie State University as set forth in the University's Policy and Procedures Manual and as I may be directed by my supervisor. I agree to maintain all information made known to me during the course of my assignment and any related assignments, in the strictest confidence and will relay such information on a need to know basis or to my manager and/or department head. I will not use the privileges afforded me by my employment at the University to the benefit of myself or others. I understand that a breach of confidence will result in disciplinary action up to and including termination. I am expected to maintain a personal copy of this signed document and understand that a copy will be placed in my Personnel File.

Signed: _____ Date: _____

Witnessed: _____ Date: _____