

North Georgia College & State University
Department of Information and Instructional Technology

Statement of Confidentiality

As an employee of the _____ office, I understand that I have the responsibility to protect the privacy of students and employees. I recognize that during my employment at NGCSU, I may have access to private information pertaining to a student or an employee. I understand that certain information that I obtain, see, observe, hear or become aware of by any means is considered confidential. I further understand that the unauthorized release confidential information, whether to parties internal or external to the university, is strictly prohibited and may lead disciplinary action.

As an NGCSU employee, I also understand that there are legal prohibitions to the unauthorized dissemination of student and employee information, including the Family Educational Rights and Privacy Act of 1974 (FERPA), Gramm-Leach-Bliley Act (GLBA), Electronic Communications Privacy Act (ECPA), Computer Fraud and Abuse Act (CFAA), and the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

If I am in doubt about a request for information, I understand that it is my responsibility to discuss the request with my supervisor prior to disclosing the information.

My signature denotes that I have read and understood this Statement of Confidentiality.

Name of employee: _____

Signature of employee: _____

Date: _____