

RESPONSIBLE USE / CONFIDENTIALITY AGREEMENT COMPLIANCE FORM

Personnel, student, financial, medical, patient and other sensitive information¹ contained within Information Systems and/or external SUNY and State Systems are considered confidential. Access to this confidential information and any other information made confidential by law and Binghamton University policy is limited to those individuals whose posit

8. I will not use the data for personal use or for commercial purposes.
9. I will refer all requests for information for which there is not an established office procedure to the Office of University Counsel.
10. I will refer external requests for University statistical, academic, or administrative data to the Office of Institutional Research and Assessment, University Counsel, Human Resources, Financial Services or those departments that have been authorized to respond to such requests.
11. I agree to report any unauthorized access to confidential data immediately to my supervisor.
12. I understand that violations of this agreement may result in the revocation of my access privileges to University information systems, may result in appropriate administrative action, including, but not limited to, disciplinary action, and may also subject me to prosecution by state or federal authorities.
13. I understand and agree that my obligation to maintain confidentiality will continue even after I leave the employment of Binghamton University.

I certify that I have read th _____ pertaining to access to and use of information contained in employee, applicant, student or donor records, that I understand and agree to comply with the above terms and conditions.

Employee/External Party Signature

Date

Employee/External Party Name (Printed)

**Employee Department /
 External Party Company Name**