

JACKSONVILLE UNIVERSITY

CONFIDENTIALITY AGREEMENT

LAST NAME _____ FIRST _____ MI _____
(Please Print)

I acknowledge that I may come into contact with personal or financial information relating to employees, students, and other customers of Jacksonville University that is private and confidential (hereinafter "*confidential information*") while performing specific assigned job duties. I further understand and agree that I am not to disclose any confidential information and/or records except as required to perform my assigned job duties and in conformity with Jacksonville University policies and procedures.

I understand that accessing or releasing confidential information and/or records, or causing confidential information and/or records to be accessed or released, on myself, other employees, customers, special program participants, family members, etc., outside the scope of my assigned job duties would constitute a violation of this agreement and may result in disciplinary action taken against me, up to and including discharge and may subject me to legal action.

By signing this document, I acknowledge that I have been briefed on the above and do hereby agree to all terms of this document. I further agree to assure confidentiality of all information even after my employment with Jacksonville University has ended.

I also understand that I should consult with my supervisor or the Human Resources Department if I have any questions about the handling of confidential information or the disclosure of such information.

Signature

Date