

CHAPMAN UNIVERSITY
CONFIDENTIALITY ACCESS AND COMPLIANCE FORM

FOR: FACULTY, ADMINISTRATIVE AND STAFF SUPERVISORS

RE: Employee Name: _____

Job Title: _____

Job Category: circle one Faculty Administrator Staff Temporary/Student

Department: _____

My signature below certifies that the employee named above is under my supervision and s/he requires access to personal/sensitive data because such data is relevant and necessary in the ordinary course of performing his/her current job duties at the University. I understand my obligation is to orient this employee to ensure that s/he understands University and office policies that govern access to and use of information contained in employee, applicant student and/or donor records, including data accessible through oral, written or by electronic means. I am aware it is my duty to initiate termination of system access for the above listed employee if the duties of the position no longer require access or the employee separates from the university.

Supervisor Name _____

Supervisor Signature _____ Date _____

FOR EMPLOYEES:

I certify that I have been oriented regarding the University and office policies that govern access to and use of information contained in employee, applicant, student and/or donor records, including information/data that is accessible through oral, written or by electronic means.

I understand that I am being granted access to this information/data based on my agreement to comply with the following terms and conditions:

- I will comply with University and office policies that govern access to and acceptable use of information including, but not limited to, employee, applicant, student and/or donor records, including information/data that is accessible through oral, written or electronic means.
- My right to access information/data is strictly limited to the specific information/data that is relevant and necessary for me to perform my current job-related duties. I understand that I am not to access or request others to access on my behalf, information that is not relevant and necessary for me to perform my current job-related duties.
- I am forbidden to access information/data through oral, written or electronic means that is not relevant and necessary for me to perform my current job-

related duties or that may be in any way related to me, my relatives or others with whom I am in a close personal relationship.

- I will be a responsible user of information/data, whether it relates to my own or another's unit.
- I will maintain the privacy and confidentiality of the information/data that I obtain.
- I will make every reasonable effort to interpret the information/data I obtain in an accurate and professional manner and will not modify or delete information unless authorized to do so.
- I will ensure that the recipient is authorized to receive information/data and understands his/her responsibilities as a user before sharing information/data with others by any means.
- I will log off the automated system when I am not actively using it.
- I will keep my password(s) to myself, and will not disclose it (them) to others unless my immediate supervisor authorizes such disclosure in writing.
- I will store and secure confidential/sensitive information, data, reports, etc. in a manner that will maintain its confidentiality when I am not actively using it.
- I will dispose of confidential/sensitive information/data in a manner that will preserve its confidentiality when I have finished using it.
- I shall not remove any confidential/sensitive information/data, whether in electronic, physical, or other format, during my employment or at the time of my separation from employment at the University without written permission from the University. I promise to return any and all information/data I may have in my possession upon separation, including all University issued equipment containing such information/data.

I understand that if I misuse personal information/data that I obtain, by any means, through my employment, I will be subject to disciplinary action up to and including termination.

I certify that I have read this Access and Compliance Form, I understand it and I agree to comply with all its terms and conditions and the all terms and conditions of the attached Chapman University Acceptable Computer Use Policy which is incorporated by reference.

Name _____ Signature _____ Date _____

Attachment: Acceptable Computer Use Policy

For Staff and Administrative Employees: Original to be forwarded to Human Resources for placement in the Personnel File

For Faculty: Original to be forwarded to Chancellor's Office

For Temporary/Student Employee: Original to be kept in department of engagement