

CHAPMAN UNIVERSITY
CONFIDENTIALITY ACCESS AND COMPLIANCE FORM

FOR: FACULTY, ADMINISTRATIVE AND STAFF SUPERVISORS

RE: Volunteer Name: _____

Assignment: _____

Department: _____

My signature below certifies that the volunteer 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 volunteer assignment at the University. I understand my obligation is to orient this volunteer 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 volunteer if the assignment no longer requires access.

Supervisor Name _____
Supervisor Signature _____ Date _____

FOR VOLUNTEERS:

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 volunteer assignment. 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 volunteer assignment.
- 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 volunteer assignment.

- 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 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 Volunteer: Original to be kept in department of engagement