

KENT STATE UNIVERSITY

AGREEMENT FOR THE SECURED USE AND CONFIDENTIALITY OF UNIVERSITY RECORDS AND DATA

Name: _____ ID Number: XXX-XX-_____

Department: Recreational Services - Sport Clubs Telephone Number: _____

All Kent State University employees and volunteers hold a position of trust relative to student and University information in any form and must recognize the responsibilities entrusted to them in preserving the security and confidentiality of this information. Kent State University also recognizes its obligation to uphold student privacy rights under the Family Educational Rights and Privacy Act of 1974 (FERPA), the Gramm-Leach-Bliley Act (GLBA), the Health Insurance Portability and Accountability Act (HIPAA), Ohio Revised Code Section 102, and all other Federal and State laws and regulations governing the security and confidentiality of information used in our operations. Therefore, in this regard:

I, the undersigned, acknowledge that I understand and agree to adhere to the following statements:

- I am familiar with the Kent State University policies, Policy Register 3342-5-09 and 3342-5-16, for administering and maintaining student education records.
- I will use computing resources and data only for legitimate University business for which I am explicitly authorized; and I know that it is against University policy to pursue or use University records including, but not limited to, confidential information for my personal interest or advantage.
- I will not exhibit or divulge the contents of any record (paper or electronic) to any person except in the conduct of their work assignment in accordance with University and office policies; I will not knowingly include or cause to be included in any records or report a false, inaccurate or misleading entry; I will not aid, abet, or act in conspiracy with another to violate any part of this agreement or the referenced Federal and State laws and regulations.
- I will attend a security awareness training seminar. I will report security and privacy violations
- I understand that access to information will be granted only on a strict “need-to-know” basis, the determination of which will be made by the data custodian(s) in cooperation with the individual’s security administrator and the Office of Security and Compliance.
- I understand that assigned computing system USERID(s) and associated password(s) are to be considered highly confidential and are not to be shared, communicated, or made easily accessible to anyone.
- I understand that violation of this agreement may lead to reprimand, suspension, dismissal or other disciplinary action consistent with the general personnel policies of the University.
- I understand that responsibility for confidentiality continues after I leave a position or employment at Kent State University. Pursuant to the Ohio Revised Code, Chapter 102.03(B), I understand that disclosure of confidential information by present or former public officials or public employees may constitute a violation of state statute; conviction of which is a first-degree misdemeanor (up to six months imprisonment and/or \$1000 fine).

NAME (Please Print)

CLUB NAME (Please Print)

SIGNATURE

DATE

NOTE: *Please make a copy of this form for your records.
Return original form to Office of Security and Compliance, Information Services – Suite 384 Library.*