



SNOW COLLEGE

Office of Risk Management

ACKNOWLEDGMENT OF CONFIDENTIALITY REQUIREMENT AND RESPONSIBILITY AS AN EMPLOYEE OF SNOW COLLEGE

I hereby acknowledge and understand that in the course of my duties as an employee of Snow College ("the College"), I may be exposed to or see personal, confidential, and highly sensitive information including, but not limited to, student and employee records, documents, evaluations, social security numbers, identification numbers, medical records, and grade information.

I hereby agree that, as a condition of my employment, I may use such information only in completion of my job duties and will keep the information strictly confidential, and that:

1. Under no circumstances will I release or provide or communicate any such information, or reveal anything contained therein, to any person who is not specifically authorized by the College to receive it.
2. Under no circumstances will I use my position as an employee of the College to obtain, gather, or copy any such information which is not needed in the normal course of my employment with the College.
3. Under no circumstances will I tamper with, improperly alter, change, or destroy any records or any confidential information contained in any document, record, or database maintained in electronic, written, or printed form by the College.

I understand and agree that if I violate these confidentiality standards, my employment with Snow College may be terminated.

SIGNED: _____

PRINTED NAME: _____

DATE: _____