

# Registrar's Office Confidentiality Agreement

Used for student workers or temporary workers in the Registrar's Office.



As an employee at SUNY Cortland, you may have access to records which are confidential, protected or categorized as personally individually identifiable information (PII) as defined by the Family Educational Rights and Privacy Act (FERPA). Additionally, you may have access to information which is protected and identified as confidential health information by the Health Insurance Portability and Accountability Act (HIPAA).

Protected information may include names, social security numbers, medical records, letters of reference and verification, birthdates, addresses, financial information, grades, disciplinary records and other personal and confidential information or data.

SUNY Cortland has specific policies and categories of information as required by FERPA. You must read and familiarize yourself with policies provided by your supervisor and on the SUNY Cortland site: <http://www.cortland.edu/ferpa>.

Please review and check the following statements.

- I understand that the disclosure of this information to any third party or person not authorized by my supervisor is prohibited by law.
- I acknowledge that I understand that the deliberate disclosure of this information to any unauthorized person could subject me to academic, criminal or civil penalties imposed by law or College policy. I further acknowledge that willful or unauthorized disclosure could constitute just cause for disciplinary action including termination of my employment.
- I will access, use and disclose records or information only in connection with, and for, the purpose of performing my assigned duties as a College employee.
- I will access or acquire records or information only as necessary to perform my assigned duties and will not access, or seek to access records that are not necessary to accomplish assigned duties.
- I will take reasonable care to secure information in my work area. I will seek to ensure that unauthorized persons cannot view or gain access to the information.
- I will not share passwords, access codes or PINS used to access information, in accord with the SUNY Cortland Information Resources Acceptable Use Policy.
- I will seek to comply with any state and federal law/policy regarding confidential records, information or data (including FERPA and HIPAA). In the event that I need assistance or have questions regarding my obligations, I will contact my supervisor, identified below.

## Student Signature

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Supervisor Contact Information

Supervisor Name: \_\_\_\_\_ Location & Phone: \_\_\_\_\_

## Registrar's Signature

Signature: \_\_\_\_\_ Date: \_\_\_\_\_