



Confidentiality Agreement

Employee Information

Employee Name _____
Position Title _____
Department _____

Agreement

I understand that during the course of my employment with Owens Community College ("College") I may have access to sensitive information regarding students and/or the College's current and prospective employees. "Sensitive information" includes, but is not limited to any information obtained from personal contact, reports, written or electronic files, or conversations regarding staff, students, and/or operations of the College.

I also understand that in order to maintain a productive, ethical, and safe educational and employment environment, it is necessary that I not disclose or discuss such sensitive information with any persons other than is necessary for me to perform my duties as an employee of the College, or as is required by another College policy or procedure.

Therefore, I promise that I will not disclose or discuss such sensitive information with any persons other than is necessary for me to perform my duties as an employee of the College, or as is required by another College policy or procedure.

I understand that if I do disclose or discuss any sensitive information in violation of this agreement, I may be subject to discipline, up to and including termination, consistent with the College's disciplinary policies and procedures.

Employee Signature

I acknowledge I have received, read, and agree to follow this agreement and all applicable policies and procedures.

Employee Signature: _____ Date: _____