

CONFIDENTIALITY AGREEMENT

I, _____ [temp or student-employee name], hereby agree to preserve the confidentiality of any and all records that I view or have access to during the course of my employment with the North Carolina State University _____ [office or department name]. I understand that records may be confidential by virtue of the state personnel file privacy law (G.S. 126-22 *et seq.*), the Family Educational Rights and Privacy Act (20 U.S.C. 1232g), and other laws. Under these privacy laws, I may not disclose information about either University employees or University students, unless I am certain that a provision of the law allows disclosure in particular circumstances.

If in doubt about the confidentiality of any record or my ability to legally disclose information, I agree to consult with my supervisor (who in turn may consult with the Office of Legal Affairs) before disclosing any student or employee information.

This agreement is given in consideration for my continued employment at the NC State [department or office name]. The terms of this agreement remain in effect during and after my employment with the [department or office name].

Signed: _____
[printed name]

Date: _____