



Florida Atlantic University Security and Confidentiality Statement of Responsibility

Security and confidentiality of records, reports, and files are matters of critical importance to Florida Atlantic University (FAU). Access to such information is provided solely for use in the performance of assigned duties. Any other use is prohibited. The purpose of this statement is to clarify your responsibilities. Each individual who has access to information is expected to adhere to the security and confidentiality principles stated below.

As a person who has access to such information, you **will not**:

- Share your password with any person, or permit any other person to access information using your identity;
- Permit the unauthorized use of any information in records, reports, and files to which you have access;
- Seek personal benefit from information that you have acquired as a result of your access;
- Disclose the contents of any record, report, or file to any person, except in the conduct of assigned duties;
- Knowingly include a false, inaccurate, or misleading entry in any official record, report, or file;
- Knowingly destroy or alter information from any record, report, or file, except as authorized;
- Remove any record, report, or file from the office where it is maintained, except in the performance of your assigned duties;
- Cause or assist another person to violate these principles.

Violations of these principles may lead to disciplinary action consistent with applicable personnel policies. Violations can also lead to action under Florida Statutes pertaining to theft, alteration of public records, or other applicable sections.

By signing below, you are indicating you have read, understand and will comply with these principles. Be advised that the conditions of this security and confidentiality statement of responsibility remain in full effect for the duration of your employment with Florida Atlantic University. You will be required to renew this Statement of Responsibility as a rehire following any breaks in employment.

Employee Name (please print): _____

Employee Signature: _____

Date: _____

Z number: _____