

Statement of Confidentiality

I _____ hereby acknowledge and
Print Name
understand that as an employee of Clayton State University some of my work may involve access to or knowledge of information that is considered confidential. I acknowledge that it is my responsibility to respect the confidentiality of students, employees, and departmental records, and follow University and office procedures in order to protect privacy and to act in a professional manner, both to the public, over the phone and through electronic communications.

I further understand that if I am found in violation of the aforementioned or as it relates to University policy, I may be dismissed from my position immediately to maintain high professional standards of the office and integrity of the University.

Print Name: _____

Signature: _____

Date: _____