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**CONFIDENTIALITY AGREEMENT**

**IMPORTANT:**

Read all sections. If you have questions, please ask them before signing. You will receive a copy of this agreement and a copy will be placed in your personnel file.

**DISCLOSURE OF STUDENT/EMPLOYEE INFORMATION**

I recognize that to enable Lawrence Technological University (LTU) to provide educational services, students, faculty and employees must furnish information to the University with the understanding that it will be kept confidential and used only by authorized persons as necessary in providing these services; that the good of the University depends upon keeping information confidential; that certain legal obligations are attached to this information; and that by reason of my duties or in the course of my employment I may receive or have access to verbal, written, or electronic media information concerning students and employees even though I may not furnish the services performed for those individuals.

I recognize that if I am granted access to any record(s), it is on a “need to know” basis. I must review and adhere to the provisions of the Family Educational Rights and Privacy Act of 1974 (FERPA), Americans with Disabilities Act (ADA) and Family Medical Leave Act (FMLA).

I recognize that by reason of my duties or in the course of my employment I may receive or have access to verbal, written, or electronic media information concerning students and employees of LTU and the facilities themselves. This information includes but is not limited to salaries, benefits, personnel information, financial information, and private health information.

I hereby agree, except as directed by LTU or by legal process, I will not at any time during or after my employment by doing my duties at the University, disclose any information whatsoever to any person or entity by any means, or permit any such person or entity to examine or make copies of any reports or other documents prepared by me, coming into my possession or my control, or to which I have access, that concerns in any way the employees or services performed by the University, including but not limited to census reports, demographic information, private health information, business reports, correspondence, vendor/supplier information, contract price or terms. I agree that I will not attempt to use any such information for my own advantage.

I recognize that the unauthorized disclosure of information by me may violate State or Federal laws and do irreparable injury to the University or the student or employee and that the unauthorized release of information will directly result in disciplinary action, including termination or legal action being taken against me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed/Typed Name

\_\_\_\_\_  
Social Security Number