

**EMPLOYEE CONFIDENTIALITY AGREEMENT  
FOR ACCESS TO OFFICE OF THE REGISTRAR DATA**

The purpose of this agreement is for employees of Iowa State University to understand their responsibilities to protect and safeguard the restricted use of confidential student information to which they have access during their employment.

To perform the responsibilities of my job at Iowa State University, I understand and agree that:

1. To preserve the confidentiality of restricted use and confidential information by strict adherence to the Office of the Registrar's Confidentiality and Information Release Policies and Procedures. Access to confidential information is restricted to ISU employees with an appropriate need to know the information. This student information is protected as confidential by the Family Educational Rights and Privacy Act (FERPA) and the Iowa Code, Chapter 22.7, and includes, but is not limited to, student educational records, grades, student lists, class lists, social security or university identification numbers, personnel, financial, financial aid, health, IT systems, and university account information.
2. I will access student records (currently enrolled or former students) only for legitimate educational need to know, i.e., for reasons that are required in my job assignment. This means I will not look at a student's record unless it is for reasons that relate directly to my job assignment and/or the educational interest of the student.
3. By having access to this confidential information, I am agreeing to be responsible for the maintenance of the security and confidentiality of all information displayed or stored on the University IT system in my office or stored in paper form in my office, including the safeguarding of system passwords and identifications.
4. All confidential information is to be held in trust and confidence and only used for approved purposes associated with performing the responsibilities of my job and may not be misused, stored, or processed for inappropriate purposes or disclosed to unauthorized persons.
5. If I have any question about whether a proposed recipient of confidential information is authorized or not I must consult with my supervisor.
6. Any inappropriate or unauthorized use or disclosure of confidential information to unauthorized persons will be subject to immediate disciplinary action, up to and including, termination and/or legal action.

I fully understand the policies of Iowa State University and FERPA rules relating to confidentiality of student records and how these policies relate to my assigned duties. As an employee of Iowa State University, I agree to abide by all of these policies.

I ACKNOWLEDGE MY RESPONSIBILITY UNDER, AND AGREE  
TO ABIDE BY, THIS CONFIDENTIALITY AGREEMENT.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Department Office

Please print this form, sign, and FAX to the attention of Diane Rupp, Office of the Registrar, at 294-2034. This form needs to be submitted annually. You will be notified to renew as close to the anniversary of your previous submission as possible.