**MEMORIAL UNIVERSITY OF NEWFOUNDLAND**

**UNDERTAKING OF CONFIDENTIALITY**

Memorial University is entrusted with highly confidential information on students, donors, scholarship recipients, employees, and others as well as confidential University policy and operational information, hereinafter referred to as “University Information.” To safeguard this trust, the University insists on strict confidentiality, and physical, administrative and technical safeguards for the handling of such information by its employees. You are responsible for the protection of confidential information to which you have access. The responsibility for the protection of confidential information entrusted to you is defined in the following Agreement.

**PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING**

1) I will treat all University Information as confidential unless the information has been explicitly provided for general access.

2) I will treat all personal computer files and mail as confidential, examining or disclosing the contents only when authorized by the owner, approved by the appropriate University official, or required by law, and as authorized by the University privacy policy and other policies which may apply.

3) I will not access, alter or in any way change confidential University Information except as required in the performance of my duties.

4) I will not divulge confidential University Information to any person without proper authorization.

5) I will report any breaches of this policy immediately to my immediate supervisor or to the Dean or Director of my unit.

6) I agree that I will faithfully discharge my duties as an employee of Memorial University and will observe and comply with all policies and procedures of Memorial University.

7) I understand that it is my responsibility to be familiar with the requirements outlined in all policies and procedures, and specifically policies concerning privacy, confidentiality and security.

8) I am aware that failure to comply with any of the above conditions may result in disciplinary action being taken against me, including termination from employment. I am also aware that the University retains the right to pursue prosecution when misuse of its information or resources is suspected.

9) I understand that this Oath/Affirmation of Confidentiality survives the termination of my employment or affiliation with Memorial University and that I may be fined, face civil penalties, or both, should I breach this Oath/Affirmation of Confidentiality even after my employment or affiliation has ended.

10) I understand that this Oath/Affirmation of Confidentiality will be retained by MUN and a copy placed in my personal file in the Department of Human Resources.

I understand that if I have any questions regarding the handling of University Information, I will discuss such with my supervisor or the Director before acting.

I have read and understand this Agreement and will ensure strict adherence to its terms.

Employee (Please Print) Date

Employee’s Signature Witnessed By