



---

## STUDENT EMPLOYEE CONFIDENTIALITY STATEMENT

I acknowledge that during the course of my employment at Bemidji State University/Northwest Technical College (“Institution”) I will become aware of, or have access to “not public data” concerning the Institution, its employees, and students, in order to do my work. Such confidential information may consist of information concerning a person, whether an employee, student or otherwise, and may originate from a personnel record, medical record, investigation file or otherwise. My handling of certain information may be subject to the Family Educational Rights and Privacy Act (FERPA) (20 USC § 1232g); Higher Education Opportunity Act (Public Law 110-315) (HEOA); Health Insurance Portability and Accountability Act (HIPAA); the Minnesota Government Data Practices Act, Minnesota Statutes Chapter 13; as well as Institution and MnSCU policies and procedures and other applicable laws, standards and regulations.

I understand that my position of \_\_\_\_\_ in the [Office/Department] of \_\_\_\_\_ is by its very nature a position of confidence. I understand that I am responsible for knowing and adhering to the data access and handling standards applicable to the information I have access to for work purposes. I agree to access and use data only for the purposes for which I am granted access. I agree to use appropriate privacy and security practices to protect the confidentiality of the data I work with and will complete any training that is required for my employment. I understand that my intentional access, use or disclosure of not public information that is not in accordance with applicable laws, policies or other standards could subject me to discipline under the student Code of Conduct or to criminal and civil penalties imposed by law.

I agree that I will not store or enter Payment Card Industry Data Security Standard (PCI-DSS) sensitive data into any system or record it on any paper unless authorized by the Information Security Manager. Sensitive data includes the Primary Account Number (PAN), cardholder name, expiration date, service code, full magnetic stripe or equivalent on a chip, CAV2/CVC2/CVV2/CID and/or PINs/PIN blocks.

I agree that if I have questions about the privacy and security standards applicable to the data I work with, I will contact my supervisor for assistance. I further agree to immediately inform my supervisor or other designated Institution employee of a suspected or actual breach of security, if I become aware of such a situation.

I understand that my obligation to maintain the confidentiality of the information I have access to extends beyond the dates of my employment. Upon the termination of my employment with the Institution, and at all other times as I may be directed by the Institution, I will return to the Institution all tangible, electronic or other forms of any confidential information in my possession or under my control.

This Agreement is given in consideration for my employment at the Institution, and all rights and obligations under this Agreement will survive the termination of my employment.

**THE UNDERSIGNED HAS READ THIS CONFIDENTIALITY AGREEMENT, UNDERSTANDS IT, AND SIGNS IT VOLUNTARILY.**

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

Department: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_