

Humboldt State University Confidentiality Statement
Faculty Access and Compliance Form
August 30, 2006

Personally identifiable information and other confidential data include, but are not limited to, an individual's Social Security Number (SSN), date of birth (DOB), home address, home telephone number, academic performance record, financial data, physical description, medical history, disciplinary history, gender, ethnicity, and religious preference.

While Humboldt State University faculty members may have exposure to records that contain personally identifiable information and/or other confidential data, they are PROHIBITED from viewing any such data in any University record without written approval in advance by the campus President or Vice President for Administrative Affairs.

SECTION TO BE COMPLETED BY FACULTY EMPLOYEE

I certify that I have received training on the appended state and federal laws and University policies that govern access to and use of information contained in employee, applicant, and student records, including data that is accessible through the PeopleSoft Human Resource System.

I understand that I am being granted access to this information and data based on my agreement to comply with the following terms and conditions:

- I will comply with the state and federal laws and University policies that govern access to and use of information contained in employee, applicant, and student records, including data that is accessible through the Human Resource Information System. While a current summary is attached, state and federal laws may be revised that may necessitate additional training and requirements.
- My right to access information and/or data is strictly limited to the specific information and data that is relevant and necessary for me to perform my job-related duties.
- I will maintain the privacy and confidentiality of the information and data that I obtain, including its storage and disposal.
- Before sharing information or data with others, electronically or otherwise, I will make reasonable efforts to ensure that the recipient is authorized to receive that information or data. I will sign off the Human Resources Information System prior to leaving the terminal/PC.
- I will keep my password(s) to myself, and will not disclose them to others unless my immediate supervisor authorizes such disclosure in writing.

I understand that if I intentionally misuse personal information or data that I obtain through my employment, I will be subject to disciplinary action up to and including termination.

I certify that I have read this Access and Compliance Form, I understand it, and I agree to comply with its terms and conditions.

_____ Name (please print)	_____ Signature	_____ Date
_____ Title	_____ Academic Department	_____ HSU ID

SECTION TO BE COMPLETED BY DEAN OR ASSOCIATE DEAN (or the MPP supervisor if employee is not a member of a college or the Library)

My signature below certifies that the above faculty member in the College for which I am Dean or Associate Dean or administrative unit of which I am the MPP supervisor requires access to and use of information contained in University employee, applicant, or student records in the performance of his or her job duties.

_____ Dean/Associate Dean's Name (print) (or MPP Supervisor)	_____ Signature	_____ Date
_____ College or Other Unit (print)		

SECTION TO BE COMPLETED BY PRESIDENT OR VICE PRESIDENT FOR ADMINISTRATIVE AFFAIRS

I approve the above Humboldt State University faculty member being granted access to confidential data in Humboldt State University's records to the extent needed to conduct campus business as required to perform his or her job duties. I reserve the right to revoke this approval at any time should I have reason to believe its continuance could compromise data confidentiality, security, or integrity.

The actual creation of computer log-in accounts for this faculty member to access confidential data requires specific authorization by the appropriate "data owner" as that term is defined in Humboldt State University's Appropriate Use Policy.

_____ Dr. Rollin Richmond, President	_____ Date
---	---------------

OR

_____ Burt Nordstrom, Vice President for Administrative Affairs	_____ Date
--	---------------