LAMAR STATE COLLEGE – PORT ARTHUR

Information Resources
Security Acknowledgement and Nondisclosure Agreement
EMPLOYEE

I understand that my access to data, information, and records (all hereinafter referred to as information) maintained in the manual and automated information and records systems of Lamar State College – Port Arthur (all hereinafter referred to as Information Systems) is limited to my need for the Information in the performance of my job duties.

By my signature below, I affirm that I have been advised of, understand, and agree to the following terms and conditions of my access to information contained in Information Systems.

1. I will use my authorized access to Information Systems only in the performance of the responsibilities of my position as a member of the College's faculty or staff.
2. I will comply with all controls established by the College regarding the use of information maintained within Information Systems.
3. I will avoid disclosure of information to unauthorized persons without the appropriate consent of the Information owner except as permitted under applicable College policy and/or Federal or State law. I understand and agree that my obligation to avoid such disclosure will continue even after I leave the employment of Lamar State College – Port Arthur.
4. I will exercise care to protect information against accidental or unauthorized access, modifications, disclosures, or destruction.
5. When discussing information with other employees in the course of my work, I will exercise care to keep the conversation private and not overheard by others who are not authorized to have access to such information.
6. I understand that any violation of this Agreement or other College policies related to the appropriate release or disclosure of Information may result in one or more sanctions including immediate termination of my access to Information Systems, disciplinary action up to and including dismissal from employment, criminal penalties, or civil liability.

I affirm that I have been given the opportunity to review APPM 5.16- INFORMATION RESOURCES and APPM 5.0 Ethics Section 1.8 Confidentiality , and I further affirm that my questions about those policies have been answered to my satisfaction.

Employee Signature:_____

Printed Employee Name:_____

Date:_____