

CONFIDENTIALITY AGREEMENT
Student Worker/Volunteer
CALIFORNIA STATE UNIVERSITY, BAKERSFIELD
9001 Stockdale Highway
Bakersfield, California 93311-1099

Before access is granted to any campus information system maintained by Information Technology Services, you must complete, sign and return this original confidentiality agreement with your access request form to Information Technology Services, and retain a copy in your department.

Please print legibly.

This is to certify that I, _____
am a student worker or a volunteer in the department of _____

I further certify that I have completed the campus Data Security & Privacy training and provided my department with a certificate of completion.

Due to the nature of my assigned duties and responsibilities, I am aware that I have access to confidential materials in campus information systems. I understand that I am required to treat such data in a confidential and professional manner and that any breach of confidentiality or abuse of my access may result in disciplinary action, and other legal proceedings.

I understand that I may not under any circumstances, share my account access, give my account information to any one else to obtain access, divulge information in relation to the data, or use the data in any way other than what has been clearly defined by my position.

Signature: _____ Date: _____