

APPENDIX 14

**Memorandum of Understanding
Confidentiality of Records and Information**

**State University of New York
Potsdam, New York**

As a student employee of the State University of New York at Potsdam,

I, _____, understand that all the information contained in records or files or otherwise by virtue of my employment is presumed to be confidential. I understand that the unauthorized release of such information, whether to parties internal or external to the University, is strictly prohibited and may lead to dismissal from my position on the first offense.

Further, I understand that certain information is not authorized for release to other employees within the University unless there is a legitimate educational need. Such information includes, but is not limited to, applicant information, transcripts and test scores, interview results, medical information, and affirmative action matters.

If I am in doubt about a request for information, I understand that it is my responsibility to discuss the request with my supervisor prior to a decision to release the information.

My signature denotes that I have read and understand the above Memorandum of Understanding and that unauthorized release of confidential information may lead to dismissal on the first offense.

Signature of Employee: _____

Date: _____

Witnessed by: _____