

**CONFIDENTIALITY AGREEMENT  
FOR: STUDENT ASSOCIATION  
OF BINGHAMTON UNIVERSITY, INC.**

The undersigned acknowledges that in connection with his/her position at the Student Association Binghamton University, Inc. ("Student Association") or as a provider of services to the Student Association, he/she will see or have access to information that the Student Association deems to be confidential information. Such confidential information includes, but is not limited to student financial or medical information, university records or information, personnel information, and financial information of the Student Association. The undersigned agrees that he/she will not disclose such information to third parties or any party not an officer of the Student Association without the express permission of an officer of the Student Association. The undersigned also agrees that when he/she is unsure about whether information is confidential, he/she will confer with an SA officer before releasing any such information to a third party.

In consideration of the above promises, the undersigned agrees to adhere to the terms set forth below in utilizing or accessing confidential information of the Student Association.

1. I will only use confidential information in a manner consistent with my authorized access, and the duties and responsibilities of my position.
2. I will not provide or release confidential information to any individual or entity without proper authorization by an SA officer.
3. I will not access or review records or files for which I do not have a legitimate need to know in order to perform my duties.
4. I will not make copies of any records or data except as required in performance of my duties.
5. I will not share any User ID and Password used to access Student Association resources with anyone, unless I have specific authorization to do so from an SA officer, or there is a need for an authorized technician to troubleshoot a system problem with my password.
6. I will not use the data for personal use or for commercial purposes.
7. I will refer all requests for information for which there is not an established office procedure to an SA officer to review with SA counsel.
8. I agree to report any unauthorized access of confidential data immediately to an SA officer.
9. I understand that violations of this agreement may result in the revocation of my access to SA offices, files and information systems, and may result in disciplinary action, and may also subject me to prosecution by state or federal authorities.

10. I understand and agree that my obligation to maintain confidentiality will continue even after I leave my position with the Student Association or after I no longer provide services to the Student Association.

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Signature

Date

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Print Name

Date