

College of Charleston Confidentiality Statement

As an employee of the College/University of Charleston, I understand that all information contained in records or files or otherwise known by virtue of my employment in this department is presumed to be confidential. I understand that the unauthorized release or removal of such information, whether to parties internal to the College/University or external, 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 of this institution unless there is a legitimate need to know.

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 information and that unauthorized release or removal of confidential information may lead to dismissal on the first offense.

Signature of Employee: _____ Date: