

**KENT STATE UNIVERSITY
ACKNOWLEDGEMENT OF RECEIPT**

**FOR THE SECURED USE AND CONFIDENTIALITY OF
UNIVERSITY RECORDS AND DATA**

Name: _____

Flashline username: _____

Department: _____

Banner ID: _____

All persons accessing Kent State University institutional data hold a position of trust relative to student and University information in any form, and must recognize the responsibilities entrusted to them in preserving the security and confidentiality of this information. Kent State University also recognizes its obligation to uphold student privacy rights under the Family Educational Rights and Privacy Act of 1974 (FERPA), the Gramm-Leach-Bliley Act (GLBA), the Health Insurance Portability and Accountability Act (HIPAA), Ohio Revised Code Section 102, and all other Federal and State laws and regulations governing the security and confidentiality of information used in our operations. Therefore, in this regard:

I, the undersigned, acknowledge that I understand and accept the following statements:

- I am familiar with the Kent State University policies **5-08.101**: Operational procedures and regulations regarding collection, retention and dissemination of information about students, and **5-08.102**: Operational procedures and regulations regarding release of name and address listings, for administering and maintaining student education records.
- I will use computing resources and data only for legitimate University business for which I am explicitly authorized; and I know that it is against University policy to peruse or use University records including, but not limited to, confidential information for my personal interest or advantage.
- I will not exhibit or divulge the contents of any record (paper or electronic) to any person except in the conduct of their work assignment in accordance with University and office policies; I will not knowingly include or cause to be included in any records or report a false, inaccurate or misleading entry; I will not aid, abet, or act in conspiracy with another to violate any part of this agreement or the referenced Federal and State laws and regulations.
- I will report security and privacy violations.
- I understand that access to information will be granted only on a strict "need-to-know" basis, the determination of which will be made by the data stewards(s) in cooperation with the individual's security administrator.
- I understand that assigned computing system USERID(s) and associated password(s) are to be considered highly confidential and are not to be shared, communicated, or made easily accessible to anyone.
- I understand that violation of these statements may lead to reprimand, suspension, dismissal or other disciplinary action consistent with the general personnel policies of the University.
- I understand that responsibility for confidentiality continues after I leave a position of affiliation with Kent State University. Pursuant to the Ohio Revised Code, Chapter 102.03(B), I understand that disclosure of confidential information by present or former public officials or public employees may constitute a violation of state statute; conviction of which is a first-degree misdemeanor (up to six months imprisonment and/or \$1000 fine).

NAME (Please Print)

SIGNATURE

DATE

Instructions: *Please make a copy of this form for your records, and return original form to Information Services, Access Management Group, Stewart Hall 246.*