

**Authorized Use Agreement and Statement of Responsibility
For Employee Access To
University Business and Student Information Systems**

(Applicable to Computer and Hard Copy Records)

**Initial
By Each
Item**

1. I understand that information contained within the University of Louisville ("university") information systems shall NOT be shared with anyone not currently authorized to receive such information.

2. I shall not access, copy, or disseminate university information except to the extent necessary to fulfill my assigned duties and responsibilities and then only to the extent that my access is authorized.

3. I shall take appropriate action to ensure the protection and security of the university's and other information contained within the information system.

4. I understand that improper access to and/or unauthorized disclosure of University information could be a violation of state and federal laws. Consequently, I may be subject to civil or criminal liability.

5. I understand that improper access to or unauthorized disclosure of University information could subject me to disciplinary action up to and including termination of my relationship with the university.

6. I understand that the obligation to maintain security of this information continues beyond the termination of my relationship with the university.

7. I hereby affirm that I have read the university Student Records Policy (FERPA) and understand that I have the responsibility to ensure the security and privacy of student records. I understand the obligations imposed by these documents and will comply with the standards and requirements contained within. I understand that any violation of said privacy will result in disciplinary action by my employer.

By signing this document, I acknowledge this Authorized Use Agreement and agree to abide by it.

User Name

User ID

User Signature

Date

(Supervisor)

Date