

# Declaration of Confidentiality Form

For Employees of the *Faculty of Arts*:

I acknowledge that, in my capacity as an employee of the University of Waterloo, I will have access to student confidential information. This information includes, but is not restricted to, the following: marks, financial aid, scholarships, OSAP and award information, biographical information, home or local addresses and telephone numbers. Confidential information may be oral, written, or electronic.

I have read the attached copy of Policy 46 (Information Management), Appendix A (Access to and Release of Student Information) and understand my obligations and responsibilities under this policy.

I agree that I will not disclose the confidential information to any person or entity without prior written approval from an authorized person or use the confidential information for any purpose other than the specific purposes required by my duties with the University of Waterloo. I understand that accessing my own records or those of relatives or acquaintances is considered a serious breach of confidentiality. In addition, I agree that I will not copy the confidential information or remove the confidential information from the premises of the University of Waterloo.

I also understand that I am required to notify my supervisor immediately of any breach of my obligations or conflict of interest under this agreement which comes to my attention.

By signing and returning a copy of this document to my immediate supervisor I confirm my understanding and acceptance of the above clauses and those specified in Policy 46 and will comply with these clauses and policies. I also agree that my obligation to comply with the above will survive my termination of employment in the *Faculty of Arts* and the University of Waterloo.

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Signature

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Date