



Confidentiality Agreement Office of Human Resources

I understand that materials I see, read, use, and produce in the Office of Human Resources can be of a personal, private, and confidential nature. These materials include, but are not limited to, student records, financial information, institutional planning and assessment documents and reports, employment and salary information, social security numbers, and other records.

Therefore, I agree to hold all confidential information in strictest confidence and exercise the utmost care to prevent unauthorized disclosure to others.

I agree not to discuss or disclose those materials to others outside of the normal scope of my duties and responsibilities in the Human Resources Office unless authorized to do so by my supervisor.

I understand and agree that any break of confidentiality will be cause for disciplinary action up to and including immediate termination of my employment at Claremont Graduate University.

Signature: _____

Name: _____

Date: _____