SUNY Cortland eLearning
CONFIDENTIALITY AGREEMENT

This statement must be signed by each student assisting an instructor in the administration/teaching/presenting of an eLearning class. This is for SUNY Cortland affiliates only. Please read carefully, complete, sign, and return this agreement as soon as possible.

Please scan and email a copy to IRSC@cortland.edu

I understand and agree to the following statements regarding my access to eLearning.

I, _____ understand the significance of the responsibility I have as a course participant to maintain the confidentiality of educational records.

1. In the course of my work as an assistant in an eLearning class, I understand that I may come into contact with confidential information (e.g. student grades, identification, userids, personal data, disability status). Confidential information may be spoken, written or electronic.
2. The nature of the information that I have access to is extremely private and must be protected. I will not, under any circumstances, share this information with other students, faculty (excepting the faculty teaching this course), or staff. This information includes, but is not limited to, written records, computer files, student visits or telephone calls, office memoranda and conversations or any written or oral transactions that may occur.
3. I agree not to access or attempt to access any information other than that which is required to do my job.
4. I agree not to discuss confidential information where others can overhear or access the conversation.
5. I will not change any information in the course, including grades, without permission and consent from the faculty member teaching the course.
6. I agree not to access any confidential information for any person other than the faculty member teaching this class.
7. I agree that I will not disclose my user name and password to any person. I understand that my user name and password are the equivalent of my signature and that I am accountable for all uses of my user name and password.
8. I understand that my access to all computer systems may be monitored and audited without notice to me.
9. I agree to log out of any computer session opened under my user name and password prior to leaving any computer or terminal unattended.
10. I understand that I may be required to participate in periodic training.
10. I will keep confidential papers, reports, and computer print-outs in a secure place, and deliver originals and any copies to the faculty at the end of the course.
11. The eLearning module contents (e.g. reference materials, exams, assignments, tutorials) that I will access, will be used only for the purposes assigned by the faculty teaching the course.
12. I agree to notify the Information Resources Support Center (IRSC@cortland.edu) immediately of any unauthorized access or use of confidential information or of violation by anyone of any of the rules above.

IRSC – If hard copy received please scan and assign ticket to eLearning. If email received please assign to eLearning.

I understand that violation of this agreement may result in disciplinary action.

Student:

Declaration:

I have read and understand the terms and conditions of the above **agreement.**

_____ _____
Student's Signature Date

_____
C-number

Instructor:

Print: _____

Sign: _____ _____
Signature Date

_____ _____
Course Number(s) and Section(s) Semester-Year

The aforementioned student's role in this course: _____
(GA/TA/SI etc.)

I approve the following access for this student:

☐ **Instructor access (typically for GA's – will have access to Grades)**
☐ **Student* access (typically for SI instructors and TA's – no access to Grades)**
***If a student needs to finish work on an incomplete course please fill out the Audit Request form through the Registrar's office.**

This form will be kept on file with the Office of Information Resources. Copies available upon request.