



Welcome to LSSU! In order to get an email account activated when you begin employment, we will need the following information: legal name, social security number and birth date. This information will allow the Human Resources Office to initiate the account set-up. Please review the Undertaking of Confidentiality agreement below and sign indicating you have read and will abide by its terms.

Thank you and welcome to LSSU!  
Office of Human Resources  
(906) 635-2213

### Lake Superior State University Undertaking of Confidentiality

LSSU faculty, staff and student workers are entrusted with highly confidential information. In response to this trust, the University insists on strict confidentiality and physical and systems security in processing and use of such information by its employees. This policy applies to all employees and volunteers, including part-time, temporary, contractual, and students. Each person is personally responsible for the protection of all information to which they have access while working at LSSU. The responsibility for the protection of the information entrusted to each person is defined in the following agreement.

Please Read this Statement Carefully Before Signing

- I will treat ALL electronically-stored information as confidential unless the information has been explicitly provided for general access.
- I will treat all personal computer files as confidential, examining or disclosing the contents only when authorized by the owner, approved by the appropriate University official, or required by law.
- I will not alter or in any way change information except as required in the performance of my duties.
- I will not divulge confidential information to any person without proper authorization.
- I am familiar with the Family Educational Rights and Privacy Act (FERPA) of 1974. This document is located at <http://www.lssu.edu/registrar/FERPA>.
- I am familiar with LSSU's Network, Computing Equipment and Electronic Communication Use Agreement and will adhere to its terms. This document is located at <http://www.lssu.edu/it/pubs/itpolicy.pdf>.
- I fully understand that the intentional disclosure by me of confidential information to any unauthorized person could subject me to criminal and civil penalties imposed by law. I further acknowledge that such willful or unauthorized disclosure violates Lake Superior State University's policy and could constitute just cause for disciplinary action including termination of my employment regardless of whether criminal or civil penalties are imposed.

I have read the Confidentiality Agreement and will ensure strict adherence to its terms.

User: \_\_\_\_\_ Full Legal Name \_\_\_\_\_  
*Signature*

Date: \_\_\_\_\_ SS #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_