



University of Connecticut
Division of Student Affairs

Vice President's Office

CONFIDENTIALITY AGREEMENT

I, _____, have accepted a position with the
_____ in the Division of Student Affairs.

As a result of my employment in this office, I agree that any and all information which I may acquire is legally privileged and highly confidential. This information is intended only for the use of the Director of Risk Management and is to be held in the strictest of confidence.

I understand that any violation of this office confidentiality policy could result in immediate dismissal from my position as well as potential litigation.

Witness Signature

Employee Signature

Print Witness Name

Print Employee Name

Date

An Equal Opportunity Employer

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