

**SAM HOUSTON STATE UNIVERSITY**  
**Non-Disclosure Agreement**

I understand that my access to data, information, contracts and/or agreements, and records (all hereinafter referred to as Information) maintained in the manual and automated information and records systems of Sam Houston State University (all hereinafter referred to as Information Technology Resources) is limited to my need for the Information in the performance of my job duties.

By my signature below, I affirm that I have been advised of, understand, and agree to the following terms and conditions of my access to Information contained in SHSU Information Technology Resources.

1. I will use my authorized access to Information Technology Resources only in the performance of the responsibilities of my position. Authorized purposes includes incidental personal use as described in the Information Security User Guide, Section 2, 3.0.1 Personal Use Guidelines and TSUS IT.01.01 (1) Institutional vs. Individual Purpose.
2. I will comply with controls established by the University regarding the use of Information maintained within Information Technology Resources.
3. I will not disclose Information to unauthorized persons without the appropriate consent of the Information owner except as permitted under applicable University policy and/or Federal or State law. I understand and agree that my obligation to avoid such disclosure will continue even after I leave the employment of Sam Houston State University.
4. I will exercise care to protect Information against accidental or unauthorized access, modifications, disclosures, or destruction.
5. When discussing Information with other employees in the course of my work, I will exercise care to keep the conversation private and not overheard by others who are not authorized to have access to such Information.
6. I understand that any violation of this Agreement or other University policies related to the appropriate release or disclosure of Information may result in one or more sanctions including immediate termination of my access to Information Technology Resources, disciplinary action up to and including dismissal from employment, criminal penalties, or civil liability.

I affirm that I have been given the opportunity to review •[IT-03 Acceptable Use Policy](#) and other University policies, and I further affirm that my questions about those policies have been answered to my satisfaction.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ SHSU ID: \_\_\_\_\_