

**ORAL ROBERTS UNIVERSITY
EMPLOYEE CONFIDENTIALITY AGREEMENT**

I, _____ (print name), understand that in my capacity as an employee at Oral Roberts University (“ORU”), I may have access to and/or knowledge of private, confidential, personally identifying, financial, banking or other sensitive information or records that relate to students, faculty, staff, alumni, donors and/or the University (“Information”). I understand that under federal and state law, as well as the policies of ORU, such Information is protected from disclosure to third parties. I have read and understand ORU’s policies regarding confidential information as well as its policies and notices on student records and the Family Education Rights and Privacy Act.

I acknowledge that the Information may be in tangible form (including documents, reports, programs, software, directories, computers, discs and electronic mail) or in intangible form (including oral communications, voice mail and similar mediums). I understand and agree that the Information shall, at all times, remain the exclusive property of ORU. Upon request during my employment and at the termination of employment, I shall deliver to ORU all Information in my possession, custody or control. This Agreement is binding upon me at all times both during and after my employment at ORU.

I will exercise a high degree of care to maintain the confidential and private nature of the Information described above. I will only disclose the Information to those in a supervisory capacity (or their designee) as is required for purposes of performing my job duties and in accordance with the written policies and procedures of ORU. I acknowledge that any act or disclosure in violation of the terms of this Agreement will be grounds for disciplinary action, including immediate termination of employment. Finally, I understand that under federal and/or state law there may also be criminal or civil consequences arising from a violation of the terms of this Agreement.

Signature

Date