

CODE OF CONDUCT POLICY

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CONFIDENTIALITY AGREEMENT FORM

I, the undersigned, agree at all times during the term of my employment at FBSU and thereafter, to hold in strictest confidence, and not to use, or to disclose to any person, firm or corporation any Confidential Information about the FBSU. I understand that "Confidential Information" means any University proprietary information, technical data, or know-how, records, accounts, and salaries, including but not limited to: research, services, employee lists and students.

I therefore confirm that I understand my responsibilities regarding the requirement to keep University information confidential and not to disclose information or data to unauthorized persons.

I shall safeguard the information I have access to for work-related activities, and I shall not seek out or use personal or confidential information other than as required in the course of my employment/academic work.

I understand my responsibilities for the protection of University information and computer resources and my responsibility for reporting any misuse thereof.

Full Name: _____
Title/Position: _____ Department: _____
Company (If not FBSU): _____
Signature: _____ Date: _____