Attachment 2

Enid Board of Education

Information Systems Use Agreement

IMPORTANT: Please read all sections below before signing. If you have any questions regarding this Agreement, ask them before signing. All employees, of the School District, and/or any of its affiliates will assure CONFIDENTIALITY by acknowledging and maintaining the right to privacy of ALL information and/or knowledge regarding a student or employee's status, personal affairs and business of the School District. Due to sensitive nature of this information, the agreement to keep the School District information confidential continues to apply even after affiliation/employment is terminated.

As part of my affiliation with this organization, I may have access to confidential information including, but not limited to, certain data records, and/or information systems. I understand that I have a responsibility to maintain two aspects of security regarding such information: (1) confidentiality and (2) integrity. I am committed to protect and safeguard from any oral and written disclosure all confidential information regardless of the type of media on which it is stored (e.g., paper, fiche) in all information systems with which I may come into contact. I agree that I will not release any confidential information to any unauthorized person and/or permit any person to examine or make copies of any confidential information prepared by me or coming into my possession. I understand that an information system unique user number, password, confidential signature and code is assigned to each user. <u>It is my responsibility not to reveal my user number, signature code and/or password to anyone</u> <u>else as no one else is permitted to use it for any reason</u>. I understand that my unique user number and/or password are equivalent to an electronic or computer-generated signature to authenticate my entries into information systems where appropriate and that this electronic signature is my full, legal name and includes my title. I understand that I am legally prohibited from releasing any confidential code that generates my electronic signature to anyone for any reason and that no other person will be allowed to "proxy" for me in any manner by using my electronic signature. I understand that I am responsible for any action occurring under my user number and all policies on confidentiality apply equally to data stored in both computer and paper records. Access, attempted access or release to parties without the right and need to know for successful completion of job duties or related to one's own students will be considered a breach of confidentiality. Further, disclosure of such information to a person with no legitimate professional need for such information will be considered a breach of confidentiality.

During any use of the School District Information Systems whether through public network Internet or proprietary access I agree to respect the privacy and intellectual property rights of others; maintain use that is consistent with accepted School District standards, ethics, security and confidentiality policies. I understand that use of electronic mail carries no real or implied privacy. I further understand that all the School District information systems including E-mail systems and contents and/or communications held therein are the property of the School District. I have read, understand and agree to observe and follow school District E-mail Guidelines EFBC-E.

I agree NOT to use the School District computers, networks or systems: 1) for personal unauthorized activities 2) to transact business other than that permitted by the School District 3) in violation of standards of practice, ethics, or locally or nationally accepted obscenity standards 4) to send unwanted electronic mail messages, or misrepresent myself when sending E-mail or 5) misuse copyrighted material.

I understand that any breach of confidentiality, misuse of information systems or information found in and/or obtained from records may **result in immediate disciplinary action up to and including termination of computer** privileges, and/or employment, and/or legal action. Unauthorized disclosure may give rise to irreparable injury to the student or employee or to the owner of such **information and accordingly the employee or student or owner of such information** may seek legal remedies against me.

(PLEASE PRINT)

NAME:_____ _____ _____
(Last) (First) (Middle Initial)

Employee # _____Employee Social Security # _____

SCHOOL / EDUCATIONAL BUILDING FACILITY: _____

RELATIONSHIP TO ORGANIZATION: _____

COMPLETE TITLE: _____ DEPARTMENT: _____

I have read, understand and agree to comply at all times with the policies regarding confidentiality, security, Electronic or Computer-Generated Signatures and the terms of this agreement. I further understand the consequences of violation. My signature implies acknowledgement of the principles herein. The School District may require employees to review/reaffirm this confidentiality/security agreement as necessary.

SIGNATURE: _____ DATE:_____
Original - Information Systems (box# 001-7105) Copy - Employee - Personnel Copy - Signee