to anyone outside the University unless the law explicitly permits it; and
2. to anyone inside the University who does not need to know it to perform their work .

I understand I have a legal duty to protect the privacy of individuals whose personal information I obtain access to. I promise to keep personal information confidential and to handle it in accordance with: 1) the Freedom of Information and Protection of Privacy Act and its Regulations, 2) University Policies I 10-10 Confidentiality Policy, I 10-11 Protection of Privacy, and 10-04 Access to Information and 3) applicable department policy.

I understand that I may be subject to the imposition of a disciplinary sanction and/or to a legal penalty if I, without authority, collect, access, use, disclose, store, retain or dispose of personal information in ways not permitted by law or University policy.

I understand that my legal obligation survives termination of my employment or volunteer activities at Simon Fraser University. By my signature I acknowledge that I have read and will abide by this agreement.

Department (Please print)   Name (Please print)

Signature   Date

Witness Name (Please print)

Signature   Date