## **Hamilton College**

## **Employee Agreement to Protect Confidential and Sensitive Information**

As an employee of Hamilton College, I may have access to confidential and sensitive information. Such information is protected by College policy and by law.

I have read the Policy on the Protection of Confidential and Sensitive Information and understand my obligations under that policy.

I acknowledge that I fully understand that the intentional disclosure by me of this information to any unauthorized person could subject me to criminal and civil penalties as imposed by law and that such willful or unauthorized disclosure also could constitute just cause for disciplinary action including termination of my employment. I also understand that my obligations under this agreement to protect confidential and sensitive information continue after termination of my employment.

Employee Signature	Date
Printed Name	Department Name