



**Information Technology Systems**

**NON DISCLOSURE AGREEMENT**

**CONFIDENTIALITY OF AGENCY INFORMATION**

I, \_\_\_\_\_ (full legal name), employed by \_\_\_\_\_ (firm name) hereby agree to take all precautions and measures necessary to ensure the integrity, nondisclosure, confidentiality and protection of all data and information obtained from Wytheville Community College or derived there from, during and after my employment with the firm identified above.

Confidential information may include records or data protected by Federal and State laws such as the Family Educational Rights and Privacy Act (FERPA) and the Gramm-Leach-Bliley Act. Under these privacy laws, I may not disclose information about Virginia Community College System employees, students or applicants.

I will hold the confidential information in trust and confidence. I will not use or disclose it or any embodiment thereof, directly or indirectly. I understand that any unauthorized disclosure could be highly damaging to the employees, students and applicants of Wytheville Community College and my employer.

The contractor, its officers, directors, agents and employees shall hold all information obtained under a Wytheville Community College contract/order in the strictest confidence. All information obtained shall be used only for the purpose of performing this contract/order and shall not be divulged nor made known in any manner to any person except as necessary to perform this contract/order. Neither the Contractor, nor its officers, directors, agents, or employees shall divulge, sell, or distribute any information obtained from Wytheville Community College or derived there from at any point in time, even after termination or expiration of the contract/order.

I understand that I should contact my supervisor if I am asked to disclose confidential information or if I have questions relating to what constitutes a confidential record.

If I receive information that confidential information has been disclosed to others, I agree to notify my supervisor of the information and circumstances. If I am a supervisor of other employees, I agree to notify the WCC Director of Information Technology of the information and circumstances.

I understand that if I violate this Agreement, that I or my firm may be subject to disciplinary action, including termination or legal action, or both.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date: \_\_\_\_\_