

## **CONFIDENTIALITY UNDERTAKING**

I, \_\_\_\_\_\_, acknowledge that I will have access to personal and confidential information in the course of my term as a \_\_\_\_\_\_ of the Society for Teaching and Learning in Higher Education (STLHE), and that I will obtain information from, be exposed to information, or have disclosed to me information by STLHE staff or other Board members relating to past, present or future activities of the STLHE and its members, award nominees and service providers.

I will at all times respect the confidentiality and privacy of members, award nominees, event attendees, students, volunteers and service providers, and the confidential nature of the business of the STLHE including in-camera discussions and information.

I agree not to disclose or allow the disclosure of any confidential information, data or material to which I am exposed, irrespective of whether such information is transmitted to me verbally or in writing or otherwise, except to others so authorized to discuss the confidential information.

I will closely protect confidential information to prevent it being inappropriately accessed, used or disclosed either directly, or by virtue of a password to systems, or by breaches in physical security.

If I become aware of any violation of confidentiality, or lose any record containing confidential information or any key or other item that could be used to violate confidentiality, I will notify the Executive Director at the first reasonable opportunity.

I agree to dispose of any and all written material in such a manner as to prevent its loss or inappropriate disclosure to third parties.

Upon completing tenure, resignation, or removal from my position with STLHE, I will destroy or return all confidential material previously made available to me. I will only access, use, transfer or disclose private and confidential information as required by the duties of my position with STLHE and will cooperate with the STLHE in any audit or investigation relating to confidential information and to provide any records requested in connection with such audits or investigations.

I will not use any confidential information for personal benefit or for any improper purpose.

I fully understand and accept responsibilities set above relating to personal and confidential information:

Personal Information is any information about an "identifiable individual".

Confidential Information is any information which is designated by STLHE as confidential.

I acknowledge I have read the STLHE **Confidentiality Policy**.

I understand and agree to abide by the conditions outlined in this agreement which will remain in force even if I cease to have an association with STLHE.

Last Name	First Name		
Signature	Dat	te	