**Confidentiality Agreement for Access to Georgia Adult Learners Information System (GALIS)**

*Background:*

GALIS is the data system wherein all electronic student records and limited staff records are stored. Certain employees have jobs whose duties include the entry, processing and use of these electronic records. Many of these records contain personal information about students and staff and are confidential and private, therefore, the system must be limited and monitored. Employees whose jobs require working with or using the data contained within GALIS will be given access only to the information necessary for the performance of their jobs.

*Agreement:*

By my signature below, I understand that my work requires me to access certain electronic student and/or staff records. In the course of performing my job, I understand that I will have access to, use, and become aware of information that is confidential. I understand that unauthorized disclosure of such information is not permitted. Further, I understand that when working with such information, I must take active steps to safeguard such information from the casual observation by others who are not authorized to see the information. I agree that any confidential information I am using or accessing will be safeguarded or put away in the event that I leave my work area. Further, I agree that I will not disclose or otherwise share information in any manner with those not authorized to have such information. I also understand and agree that I may not inappropriately perform operations within GALIS that are outside of the scope of my job duties. I understand that compliance with the above and my completion of this agreement constitute terms and conditions of my employment. I also understand and agree that violation of these restrictions can lead to disciplinary action and the possible termination of my employment.

I agree to abide by the regulations that govern the use of student data within the Family Educational Rights and Privacy Act (FERPA), as well as the Privacy Act of 1974, governing records maintained about individuals. I agree to protect my user identification and password from unauthorized use. I understand all access under my user ID is my responsibility, and that allowing anyone else to use my ID will result in my account being deleted.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GALIS Access Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I attest that the above-named individual is authorized to access GALIS data and reports at the level indicated above.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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