



SAINT AUGUSTINE'S UNIVERSITY Data Confidentiality Agreement Form

I read the data confidentiality policy of Institutional Research and I fully understand my responsibility for the protection of the confidentiality of Institutional data. I understand that all information generated by Argos is considered confidential and sensitive. All information generated by Argos falls under Institutional Research Security and Administration Policy of Saint Augustine's University, Raleigh, NC.

I assume full responsibility for my own actions as they concern the protection of confidential data. I understand that inappropriate use of **Institutional data in Argos** is subject to disciplinary actions up to, and including, termination.

Print First Name: _____ Last Name: _____

Title _____

Department: _____ Institutional Email Address: _____

Signature _____ Date _____

Please select position type:

Staff _____ / Faculty _____

Reason for Access _____

Name of the Data : _____

Data Access Date : ____ / ____ / ____ Data Access Time: _____ A.M / P.M
M D Year





Approved and granted access by Institutional Research Staff

Data Access Date: _____ / _____ / _____
M D Year

Print First Name: _____ Last Name: _____

Signature _____ Date _____

Please submit signed form to InstitutionalResearch@st-aug.edu

