



Memorandum of Understanding
Confidentiality of Records and Information
for Human Resources Departmental Liaisons

Employee Name: _____

Employee Title: _____

Employee Department: _____

By virtue of my employment, I have access to confidential personnel data, information, systems, and files in various forms.

I understand that the unauthorized release or removal of confidential records and information is strictly prohibited and may lead to dismissal from my position on the first offense. Further, I understand that certain information is not authorized for release to other University employees unless there is a legitimate business need to know.

If I am in doubt about a request for information, I understand that it is my responsibility to discuss the request with a manager or director within the Division of Human Resources prior to a decision to release the information.

My signature denotes that I have read and understand the above Memorandum of Understanding and that unauthorized release or removal of confidential information may lead to dismissal on the first offense.

Signature of Employee

Date

USC Division of Human Resources Signature

Date