



SECURITY CLEARANCE/UNDERTAKING FORM TO ACCESS STUDENT PHOTOS

I accept responsibility to comply with Queen's University policy as explained in the following documents:

Freedom of Information & Protection of Privacy Act at <https://www.ontario.ca/laws/statute/90f31>
Student and Applicant Record Policy at <http://www.queensu.ca/registrar/resources/policies/accessprivacy>
Guidelines for Assigning Access to Student Records at <http://www.queensu.ca/registrar/faculty-staff/student-data>
Information Systems Security Policy at <https://www.queensu.ca/secretariat/policies/senate/electronic-information-security-policy-framework/electronic-information-security> in regards to Student Information System's data.

As a member of the Queen's University community, I may have access to information about University staff, faculty and students that is of a personal and confidential nature, for example, names, addresses, e-mail addresses, salaries and academic and employment histories. Such access may be gained only with appropriate authorization and be used only for the purposes for which access was granted. All personal and confidential information must be protected to ensure maintenance of full confidentiality.

At all times, both professional and social situations, I am required to maintain the absolute confidentiality of confidential information in recognition of the privacy and proprietary rights of others. Any questions about whether information to which I have access is confidential should be directed to my overseer.

I understand that a breach of confidentiality could result in disciplinary action up to and including release/dismissal from Queen's University.

I understand this Undertaking survives the termination of my employment/release from Queen's University and may be enforced in the courts.

Please complete this form and sign below to indicate that you have read the above information and the information about confidentiality and are prepared to abide by this Undertaking.

Full Name: _____
Position / Title: _____ End Date of Appointment (if applicable): _____

Check your position type:

- ☐ Departmental Undergraduate Chair
☐ Departmental Undergraduate Secretary and/or Departmental Assistant
☐ Departmental Chair of Graduate Studies
☐ Secretary to the Chair of Graduate Studies and/or Departmental Assistant of Graduate Programs
☐ Faculty Office
☐ OUR
☐ Other - Specify: _____

Staff Number: _____ Telephone /Extension: _____
NetID (Userid - if one has been assigned): _____ Email Address: _____
Department and Address: _____

I require access to student photos:

Explain your need to access student photos:

Student/Staff Signature: _____
Department Head's Authorization Signature: _____ Department Head's Name (Please Print): _____
Date: _____ Extension: _____

Office Use Only: Approved: ☐ Yes ☐ No Signature: _____