

Loyola University Chicago

Retiree Computing & Confidentiality Agreement

To maintain access to your			· ·		
· · · · · · · · · · · · · · · · · · ·	and UVID you must be at le	-		continuous years	
C	of full-time university service	prior to y	our retirement date.		
Please comple	ete and return this form via e	email <u>Ben</u>	<u>efits@luc.edu</u> or fax 312	2-915-7612	
30 days prior to retirement. DO NOT SEND VIA USPS OR CAMPUS MAIL					
Employee Last Name	First Name	M.I.	Retirement Date	Employee ID	

As a retiree of Loyola University Chicago, I am requesting continued use of the following computing or technology services:

- 1. Loyola University Computing identification (UVID)
- 2. Exchange email account (I understand that access to departmental network drives and business applications will be reset at my retirement date. Emeritus please contact Faculty Affairs for their process on retaining access which is separate from this process. If you are seeking Emeritus status but DO NOT qualify for retiree status do not complete this form.

I acknowledge that, as a retiree of Loyola University Chicago, I may have the opportunity to access or gain knowledge of confidential information. Confidential information may be made known to, or learned by me during or outside my working hours at the University via various sources including, but not limited to, electronic media, interoffice communications, internal publications, and verbal interactions. I further acknowledge that making this information known or available to others who do not have a legal right thereto may violate the Family Educational Rights and Privacy Act of 1974 (FERPA), as well as the terms of my employment. Therefore, I agree that I will not reveal, make known, or provide access to confidential information except to those having legal or otherwise permissible right thereto. Furthermore, I agree not to access confidential information to which I have designated rights or access to for any reason other than the performance of my duties as a Loyola Employee.

In addition to my obligations regarding the appropriate access to and use of confidential information, I agree that I will not jeopardize the integrity of or the availability of the University's computing, telephony and other information systems or databases. I agree to abide by the University access and acceptable use of information technology policies, which can be found on the University web site at http://www.luc.edu/its/policies.shtml

FERPA information is available on the web. www.luc.edu/ferpa/

Access to the computing privileges will be reset after 60 days of inactivity and deleted after 90 days of inactivity.

By signing this I acknowledge that I have read and understand the above agreement, and that I have received information on where to locate Loyola's Notification of Rights under FERPA. I understand that failure

to comply with the terms or conditions of this ag privileges.	reement shall subject me to the termination of all computing
Retiree Signature	<u>Date</u>

This form requires your signature. Please return to benefits@luc.edu 30 days before retirement.