



Parent Policy:	Confidentiality
Effective Date:	February 22, 2011
Revised Date(s):	
Policy Sponsor:	Vice-President People and Planning
Policy Administrator:	Director Human Resources
Appendix B	

Non-Disclosure Agreement

LC ID# (if applicable): _____

LAST NAME: _____ FIRST NAME: _____

By signing below I declare that:

I have read the Confidentiality Policy. I understand the requirements of the policy as it relates to my employment and/or association with the college. Further, I understand that I have a duty to maintain confidentiality of any and all confidential information that I have access to during my employment or association with Lethbridge College. As well, I understand that the obligations in this agreement continue indefinitely after I am no longer employed at or associated with Lethbridge College.

I understand that violations of Lethbridge College policy will be treated as a serious matter and that breach of confidentiality will subject me to disciplinary action up to and including termination of my employment or association with the college, and/or legal sanctions.

SIGNATURE: _____ DATE (MM/DD/YY): _____