



**University Police**

**Department of Public Safety**

4393 University Drive. MS 3D3

**CCTV/Access Sensitive Information/ Non-Disclosure Agreement**

I, \_\_\_\_\_ understand that with access to the George Mason University Physical Security systems, I will come in contact with multiple sources of confidential and non-public information. This information, which is protected by State and Federal privacy statutes, includes, but is not limited to; video recordings, door access, history, and usage, personal observations, and other details about the University business practices, safety, security and emergency issues.

I acknowledge that all information (in whatever form) that I have access to remains the exclusive property of George Mason University, and shall be used only in conjunction with official University business.

I, The undersigned, shall not disclose any information to any third parties without prior written authorization from the Chief of Police or his/her designee. Furthermore, I agree to take all reasonable measures to safeguard any and all information relating to George Mason University Physical Security systems, or other University methods, practices, and/or operations that may be observed and/or discussed.

Any failure of this duty to maintain and protect the confidentiality of the information described in this agreement, including the unauthorized release of information to third parties could result in disciplinary action and loss of privileges. I further recognize that I have the duty to report any such failure to the Chief of Police or his/her designee immediately upon recognition of that failure.

I agree to the conditions herein.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

Witnessed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by: \_\_\_\_\_

Signature

\_\_\_\_\_  
Name (please print)