**CONFIDENTIALITY and NON-DISCLOSURE AGREEMENT FOR ENROLLMENT ENCODERS**

I **(NAME OF THE ENCODER)** of the (State the College/School or Unit) voluntarily executes this Confidentiality and Non-disclosure Agreement with the University of Southeastern Philippines (University hereinafter).

*By entering into this Agreement, I am aware:*

1. That the University acquires, control and process data and information needed for legitimate purposes such as verification and records keeping as may be required by law or any other legal obligations, and
2. That as an official encoder for the enrollment procedure of the University, I may be exposed to personal and sensitive personal information or data of students, faculty and other University employees, or such other information or data deemed as classified by the University.

*Acknowledging these, I hold myself accountable and swear:*

1. That any personal and sensitive personal information that I will collect and process from the enrollee shall be held in utmost confidentiality;
2. That I will not, consciously or unconsciously, disclose or transfer these information to any other individuals or entities without the consent of the data subject or the data controller;
3. That I shall inform the enrollee that the personal and sensitive personal information collected from him/her shall be processed solely for the purpose of the enrollment;
4. That I shall only interact with the following modules and sections of enrollment system, *viz*:
* Colleges module;
* Registration module;
* Registrar module, only in the following sections:
	+ Add/Drop/Change of Courses
	+ Pre-registration Assessment only.
1. That my access to the enrolment system shall immediately cease upon the termination of the period of enrollment or of the extension thereof;
2. That upon the lapse of the enrollment period or of the extension thereof, I shall seek the written attestation from my Program Head/Associate Dean/Dean stating for a fact that no violation of the foregoing conditions were made;
3. That I shall furnish the Office of Legal Affairs-Data Privacy Office with a copy of such attestation, and
4. That I will ensure that proper safeguards are in place to guarantee the confidentiality of the personal information processed, prevent its use for unauthorized purposes, and generally, comply with the requirements of the Data Privacy Act and other laws for processing of personal information.

By affixing my signature, I hereby agree with the foregoing conditions and subscribe to the University’s virtue of upholding the fundamental human right to privacy, in compliance to Republic Act 10173 or the Data Privacy Act of 2012.

Signed this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, 2020.

**SIGNATURE AND NAME OF THE ENCODER**

College/ School of \_\_\_\_\_\_\_\_\_\_