University of Missouri Access and Confidentiality Agreement
I understand and agree that any violation of the responsibilities explained in this agreement will subject me to discipline,
possible termination of employment or legal liability. I understand and agree that my privileges hereunder are subject to
periodic review, revision and, if appropriate, renewal and that the University may revoke my access code, other authorization
or access to confidential information at any time.

I further understand and agree that I have no right or ownership interest in any confidential information that I may have
access to as part of my affiliation with the University and that my obligations to keep such information confidential will
remain in effect even after my affiliation with the University ceases.

____ __________________________
Faculty/Staff/Consultant/Student/Volunteer Signature Date

____ __________________________
Printed Name Emplid