



Pledge of Confidentiality and Responsibility

This is to certify that I, _____, a member of the _____ Promotion and Tenure Advisory Committee (DPTAC), understand that any information (written, verbal or other form) obtained during the DPTAC meetings must remain confidential. This includes all information about faculty, concerns, performance, as well as any other information otherwise marked or known to be confidential.

I understand that any unauthorized release or carelessness in the handling of this confidential information is considered a breach of duty to maintain confidentiality. I further understand that any breach of the duty to maintain confidentiality could be grounds for disciplinary action and/or possible liability in any legal action from such breach.

I also acknowledge my responsibility to be an informed and contributing member of the DPTAC and will review the materials submitted by each faculty member being reviewed prior to the DPTAC meeting.

Printed Name

Signature of DPTAC Member

Date

Printed Name

Signature of DPTAC Chair

Date

Turn into Department Chair