Texas Department of Criminal Justice

Consultant and Contract Employee Information Confidentiality Agreement

Name: _____ **Month/Day of Birth:** _____
Last First MI

Consultant or Contract #: _____ **Unit or Department:** _____

Name of Project: _____

I have read and understand the TDCJ Executive Directive PD-04, "Consultant and Contract Employee Information Confidentiality" and the TDCJ *Non-Disclosure Agreement*, which sets forth TDCJ rules regarding the confidentiality of information.

I agree to abide by TDCJ policies on confidentiality of information and state and federal statutes governing confidentiality of TDCJ information.

If I have a question, I understand that I may contact the unit or department public information coordinator or human resources representative, or the TDCJ Office of the General Counsel 936-437-6700.

Consultant or Contract Employee Signature: **Date**:

_____ _____
(MM/DD/YYYY)

Note to Consultant or Contract Employee: With few exceptions you are entitled upon request: (1) to be informed about the information the TDCJ collects about you; and (2) under Tex. Gov't Code §§ 552.021 and 552.023 to receive and review the collected information. Under Tex. Gov't Code § 559.004, you are also entitled to request, in accordance with TDCJ procedures, that incorrect information the TDCJ has collected about you be corrected.