

CONFIDENTIALITY AGREEMENT

FOR
STUDENT EMPLOYEES

Student information from any source and in any form is confidential. I shall protect the privacy and confidentiality of the student.

It is clearly understood that **no information** about any student, regardless of the form, shall be released to any individual without signed consent of the student.

1. I **WILL NOT** disclose any information regarding any student of _____ *(name of office)* without written authorization.
2. I **WILL NOT** show, tell, copy, give, sell, revise, change or trash any confidential information unless it is part of my assigned duties. If it is part of my duties to do any of these tasks, I will follow the correct departmental procedures (such as shredding confidential papers before throwing them away).
3. I **WILL NOT** misuse or be careless with confidential information.
4. I **WILL** protect the privacy of our students.
5. I **AM RESPONSIBLE** for my use or misuse of confidential information.

By signing this, I agree that I have read, understand and will comply with agreement.

Signature

Date