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