



## ***STUDENT-EMPLOYEE CONFIDENTIALITY AGREEMENT***

I, \_\_\_\_\_, understand that by accepting the position of \_\_\_\_\_ in the \_\_\_\_\_, which may involve access to student records, personnel and/or personal information regarding students, faculty, staff, and the general public that I am responsible for maintaining the security and confidentiality of that information as required by federal and state law, and University policy. “Confidential Information” includes records of other students, faculty, or staff, such as grades, exams, study materials, or other private information. “Protected Information” includes information that shall be protected from disclosure under federal and/or state law, and University policy, e.g. the ***Family Education Rights and Privacy Act of 1974***.

The Family Education Rights and Privacy Act of 1974 (FERPA) regarding student information is outlined below:

The Family Education Rights and Privacy Act of 1974 (FERPA) also known as the *Buckley Amendment*, and University policy restricts the release of student information. Student information accessed through PAWS screens or printouts is available only to University faculty, staff, and students when required in the performance of their duties. Users must have a legitimate educational interest. Federal law prohibits the release to any other individual without written consent of the student.

A department representative has explained this law as well as other related University policies and procedures relevant to my employment in this department. I understand that the unauthorized release of such information may result in disciplinary action up to and including dismissal on the first offense.

I further understand that by accepting the position, I am also agreeing to the following:

1. I understand that unauthorized disclosure of such Protected Information can adversely impact the University, individual persons, or affiliated organizations.
2. I agree to not access personal or Confidential Information unless I am authorized to do so, and I agree to maintain the confidentiality and privacy of Confidential Information during and after my period of holding my position
3. I shall treat ALL information accessible to me in the performance of my duties as Protected Information, regardless of its format (e.g., electronic, paper, oral), unless and until advised otherwise by my supervisor.
4. I shall use Protected Information for the sole purpose of performing my job duties. I shall not disclose Protected Information to ANYONE without prior authorization from my supervisor.
5. I shall not permit myself or any other person to copy or reproduce Protected Information other than what is required in the regular performance of my job duties.
6. I shall not use my student employee access permissions to alter, delete, or enter fraudulent information into any academic, financial, or other educational records pertaining to me.
7. I shall immediately report to my supervisor any unauthorized use, duplication, or disclosure of Protected Information by myself or others.

If I am in doubt about a request for information, I understand that it is my responsibility to discuss the request with my supervisor prior to a decision to release the information.

I understand that any failure to adhere to one or more of the above listed conditions and responsibilities will subject me to disciplinary action that may result in prosecution through appropriate University judicial processes, discharge from employment, expulsion from the University, and civil and criminal legal sanctions.

***My signature denotes that I have read the above information and I agree to consider all information that I become aware of as an employee of this department as strictly confidential.***

\_\_\_\_\_  
Department Representative Name (Print)

\_\_\_\_\_  
Student Employee Name (Print) / GCID Number

\_\_\_\_\_  
Department Representative Name (Sign)

\_\_\_\_\_  
Student Employee Name (Sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date