

Student Aide Confidentiality Agreement

I, (Name:)	, acknowledge and understand that as an of the University of Mary
employee of (Department:)	of the University of Mary
Washington I may have access to ser	nsitive and confidential information. This may include:
 documents 	 student and employee records
• files	• security passwords and other data
• materials	• conversations of sensitive and
 financial transactions 	confidential nature
	rstand that I may have access to proprietary or other longing to the aforementioned department and/or the
Therefore, I agree that I will:	
 transactions that I encounter is department and the Universit Not disclose or divulge to any information related to the aforwashington that is proprietar aforementioned department of If asked to remove or reproduction. 	egrity of all data, files, information, records, passwords and in pursuit of my employment with the aforementioned y of Mary Washington. y other person, or allow any other person access to, any prementioned department or the University of Mary by or confidential and/or pertains to anyone in the or University other than myself. Indee sensitive, confidential or proprietary information by a will ask for clarification on the nature of the information.
transmissions, electronic mail, chat a	n includes, but is not limited to, verbal discussions, FAX and text messages, voice mail communication, written access codes, and/or another transmission or sharing of
disclosure of sensitive, confidential,	sity, staff, students, or others may suffer irreparable harm by or proprietary information, and that any of the above named lable should disclosure/divulgence occur.
	iolations of this agreement may result in disciplinary action, remination of employment, and a hearing before the Honor y of Mary Washington.
Student Employee Signature	Date
Name (Print)	