

Federal Work Study Statement of Confidentiality

I understand that accessing, without authorization, information that the University considers privileged or confidential, releasing such privileged or confidential information, or using such information for non-University purposes, violates University policy.

I attest that I will treat confidential information with the highest level of privacy and professionalism. I will discuss confidential information only with authorized personnel. I understand that violation of confidentiality is considered a serious offense and could result in dismissal from my job.

Student's Signature

Department

Date

SUPERVISORS: Please retain this form in the student's departmental record file.