



ON-CAMPUS EMPLOYMENT – STUDENT ASSISTANT

**CONFIDENTIALITY STATEMENT**

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*Complete the following. Give a copy to the student assistant and keep the original for your files.*

I, \_\_\_\_\_, understand that information in the \_\_\_\_\_ is confidential and may not be divulged to anyone except the \_\_\_\_\_ (Department) person who owns the information; those faculty, staff, or administrators who have need to know; and those individuals or agencies who fulfill the requirements under the Federal Educational Rights and Privacy Act of 1974, as Amended (FERPA). If I release information that I shouldn't or discuss confidential information outside of the office, I understand that I will be discharged immediately.

I have read the above and agree to maintain the confidentiality of all information that I have access to through this office.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed by (Supervisor's Signature)

\_\_\_\_\_  
Date