

University of the District of Columbia Student Employment/Volunteer Confidentiality of Information and Records Agreement

I, _____, agree and understand that as a student employee or volunteer at the University of the District of Columbia, I may have access to confidential and sensitive information. I agree to refrain from the disclosure of ANY confidential or sensitive information obtained while working as a student employee or volunteer at the University. This agreement pertains to the information that is communicated in any form. As a student employee or volunteer, I may have access to the following confidential documents or information:

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| <input type="checkbox"/> Academic Progress Report | <input type="checkbox"/> Transcripts |
| <input type="checkbox"/> Class Schedule | <input type="checkbox"/> Confidential/Privileged Information (i.e. trade secrets, proprietary information, attorney–client, medical records, employment records, business or financial records, student admissions and non-public University information.) |
| <input type="checkbox"/> Disciplinary/Student Judicial Records | |
| <input type="checkbox"/> Financial Aid Applications | |
| <input type="checkbox"/> Grades | |
| <input type="checkbox"/> Public Safety Incident Report | |
| <input type="checkbox"/> Student Accounts Billing Statements | |
| <input type="checkbox"/> Student –Employment Applications | |

I UNDERSTAND that the Family Educational Rights and Privacy Act (FERPA) is federal law that protects the privacy of student’s education records. I further understand that disclosure of the contents of an education record is prohibited (with some exceptions) by the Family Educational Rights and Privacy Act (20 USC § 1232g; 34 CFR Part 99) and agree not to disclose such protected information.

I UNDERSTAND that on addition to FERPA, disclosure of confidential information obtained while working as a student employee or volunteer may violate the University Student Code of Conduct, local, state or federal law.

I ACKNOWLEDGE that failure to comply with this agreement may result in disciplinary action regarding my employment with the University and/or civil or criminal liability.

I AGREE to access confidential information solely for the performance of my office duties as a student employee/volunteer. I understand that access to confidential information outside of the scope of my employment is prohibited.

I AGREE to maintain information on confidence and shall not reveal said information to any person, business enterprise or other private or public agency except as necessary to carry out to assigned duties.

I WILL NOT disclose any confidential or sensitive information obtained during the course of employment even when I am no longer associated with the University.

By signature below, I acknowledge that I have read and understand this document in its entirety and will comply with the terms of this agreement.

Student Name (print) _____

Student’s Signature _____ Date _____

Supervisor’s Name (print) _____ Department’s Name _____

Supervisor’s Signature _____

**Supervisors, please give a copy to your student employee, and retain a copy for your records.
Thank You**