

# California State University, Fresno

## Student Employment Confidentiality Agreement

In your role as a student employee, your position requires that you have access to confidential student records and access to information regarding a student's well-being. You are required to treat such information in a confidential manner and it should not be part of any public or private conversation with unauthorized personnel. Under mandate by the Federal Government, we are charged with enforcing the Family Educational Rights and Privacy Act (FERPA) of 1974 to protect the privacy of our students. Please thoroughly read and initial the listed items below and then sign to indicate your understanding and agreement.

- \_\_\_\_\_ 1. I will comply with the federal and state laws and university policies that govern access to and use of information contained in student and employee records including data that is accessible electronically (i.e. PeopleSoft, GradesFirst, etc.) or hard copy format.
- \_\_\_\_\_ 2. I will maintain the privacy and confidentiality of the information I obtain.
- \_\_\_\_\_ 3. I will not provide official campus or department stationary, forms, institutional seals or such other materials which may be considered unique instruments of the University or department to any unauthorized person unless approval is granted by an administrator.
- \_\_\_\_\_ 4. I will not share information with others, electronically or otherwise, before verifying that the recipient is authorized to receive that information and understands his/her responsibilities as a user.
- \_\_\_\_\_ 5. I understand that my right to access information is strictly limited to the specific information that is relevant and necessary for me to perform my job-related duties.
- \_\_\_\_\_ 6. I understand that I may be exposed to information regarding students, student staff, professional staff and/or student to student conversations. I will keep any information overheard, discussed, reviewed, etc. confidential in and out of this office.
- \_\_\_\_\_ 7. I understand that I shall not be permitted in the work area other than normal working hours without prior approval from an administrator or supervisor.
- \_\_\_\_\_ 8. I understand that I am responsible for proper usage of confidential information and I agree to report any observed misuse to the appropriate supervisor immediately.

**By signing this document, I acknowledge that all information is held strictly confidential**

***I certify that I have carefully read this confidentiality agreement and that I both understand and agree to comply with all its terms and conditions. I understand that if I fail to comply with any of the above my employment as a student employee may be terminated and I may be subject to university disciplinary action.***

Student Employee ID Number	Student Employee's Signature	Print Name Clearly	Date
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***I have discussed the above confidential requirements with the employee.***

Manager/Supervisor Signature	Date
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Department