

## **Confidentiality Agreement**

**Name (student employee):** \_\_\_\_\_

**Department:** \_\_\_\_\_ **ID:** \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a federal law that protects the privacy of student education records. As a student employee, you are a member of a group that is a significant and reliable part of the AAMU work force. Your work may require you to access protected student records and information.

Federal and state law requires Alabama A&M University to maintain security and confidentiality of all student records and information. To safeguard a student's right to privacy, it is extremely important that student records and information be protected and made available only to authorized University staff and officials.

By my signature below, I affirm that I have been advised of, understand, and agree to the following terms and conditions of my access to confidential information.

- I will use my authorized access to information systems only in the performance of the responsibilities of my position.
- I will comply with all controls established by Alabama A&M University regarding the use of information maintained.
- I will avoid disclosure of information to unauthorized persons without the appropriate consent of the information owner, except as permitted under applicable Alabama A&M University policy and/or Federal or State law.
- I understand and agree that my obligation to avoid such disclosure will continue even after I leave the employment of Alabama A&M University.
- I will exercise care to protect information against accidental or unauthorized access, modifications, disclosures, or destruction.
- When discussing information with other authorized University officials in the course of my work, I will exercise care to keep the conversation private and not overheard by others who are not authorized to have access to such information.
- I will immediately report any violation of the confidentiality policy to my supervisors.
- I understand that any violation of this Agreement or other University policy related to the appropriate release or disclosure of information may result in one or more sanctions including immediate termination of my access to information systems, disciplinary action up to and including dismissal from employment, criminal penalties, or civil liability.

**Student Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_