

**General Confidentiality Agreement
Slippery Rock University
For Student Employees, Interns,
Graduate Assistants, Volunteers with Access to Banner SIS
Or Other Confidential Records**

As a student employee or trainee of Slippery Rock University and having access to the Banner SIS and/or other confidential student information, I have been informed and understand that any information I view or that is shared with me concerning an SRU student is confidential and is **not** to be disclosed to a third party without the express written consent of the student. Certain exceptions regarding "Directory Information" as defined under the Family Educational Rights and Privacy Act (FERPA) may apply and have been discussed with me by my supervisor. As a condition of my employment or training, I agree **not** to disclose directly or indirectly any student information, with the exception noted above, to any individual without proper authorization.

In order to ensure that these confidentiality and privacy laws and policies are upheld, I further agree to abide by the following conditions:

- ◆ I will avoid any action or omission that will provide confidential information to any unauthorized individual or agency.
- ◆ I will not remove any confidential information from the office in which I work.
- ◆ I will not discuss in any manner, with any unauthorized person, information that would lead to identification of students receiving services from the office in which I work.
- ◆ I will not disclose to any person the name or any information about any student seen at the office in which I work.
- ◆ I will not provide my computer password(s) to any unauthorized person.
- ◆ If I observe any unauthorized access or divulgence of confidential information to other persons, I will report it immediately to the director or one of the professional staff members within the office in which I work.
- ◆ I will not access Banner or any other confidential student information at any time other than during work hours.
- ◆ I will use my access to Banner or other confidential student information only for authorized work assignments.
- ◆ I understand that my use of all computer systems involving student data is closely monitored by my supervisor.
- ◆ Any unauthorized disclosures on my part will result in appropriate disciplinary action including oral or written warnings, suspension, termination, and/or the notification of appropriate university and law enforcement authorities.

I have read and understand this agreement and will abide by the above policies.

Employee's Name (Please print) _____ Date: _____

Employee's Signature _____ Date: _____

Witness's Signature/Title _____ Date: _____

Revised 08/28/15 EGB