



Federal Work Study Confidentiality Agreement

I, (Name) _____, acknowledge and understand that as an employee of (Department) _____ of the University of North Carolina at Pembroke I may have access to sensitive and confidential information. This may include:

- Documents
- Files
- Student account activity
- Student and Employee records
- Conversations of sensitive information/reports

I agree that I will:

- Maintain the security and integrity of all data, files, information, records, passwords, and transactions that I encounter in pursuit of my employment with the department listed above and the University of North Carolina at Pembroke.
- Not disclose to any other person, or allow any other person access to any information related to the department listed above or the University of North Carolina at Pembroke that is confidential and/or pertains to anyone in the department listed above or University other than myself.
- If asked to change or remove sensitive, confidential, or proprietary information by a staff member, I will ask for clarification on the nature of the information.

I understand that the University, staff, students, or others may suffer consequences by disclosure of sensitive, confidential, or proprietary information.

By signing this document, I understand that violations of this agreement may result in student disciplinary action, and the termination of my employment.

Signature

Date

Name (Print)