

STUDENT WORKER CONFIDENTIALITY STATEMENT

I, _____, understand that as an employee under the Great Falls College MSU Work Study program or Student Employment program, may have access to confidential information concerning students, employees and private citizens.

This information may be available in documents, records, files, computer data, e-mail and personal conversations and contacts. By my signature, I agree to the following:

_____ I will not share confidential information that I have access to as a student employee.

_____ I understand that this agreement applies to my time on and off campus and after my student position ends.

_____ I understand that if I violate this agreement, I jeopardize my position in this department.

_____ I have watched the FERPA video, if required by my employer.

Signature Date