WILLAMETTE
THE FIRST UNIVERSITY IN THE WEST

Student Employee Confidentiality Agreement

I, _____, agree to maintain absolute confidentiality
(please print full name)
of all Willamette University information. This expectation pertains to student, parent, staff, employee and business arrangement information.

I understand that as a student employee I have access to certain sensitive information about Willamette students, staff, policies and procedures. Therefore, it is my responsibility to:

1. Protect the privacy of students and staff about whom I have confidential information;
2. Refrain from discussing matters pertaining to the office/department I am working for with (or in the presence of) non-office persons;
3. Limit my access to confidential information to that for which I have work-related need.

I understand that I am being held to a higher standard as a student employee. I agree not to divulge any confidential information obtained from observations, conversations, correspondence, personal records, clerical materials, or any other sources. I will not make public any confidential information such that the person(s) involved will be identifiable or harmed, except as I may be legally required to do so.

In the event I require computer access, the user ID and password that will be issued to me are my means of accessing the computer system. It is to be used solely in connection with the performance of my authorized job function. I will take all necessary steps to prevent anyone from gaining knowledge of my password. The use of these unique codes by anyone other than me is prohibited and will be reported to my supervisor when detected. I will sign off each time I leave the terminal to ensure the security of my password and the information.

- Any breach of confidentiality by a student will be considered a violation of a policy and procedure of Willamette University and may require disciplinary action through the Standards of Conduct. Any violation could also lead to termination of your employment. Flagrant violations may be cause for consideration of applicable federal, state and local laws, and as such, may further require the involvement of outside law enforcement authorities.

- By signing this form I am authorizing Willamette University to solicit information regarding my behavior, job performance, or any violations of the Standards of Conduct.

I have read and understand the Confidentiality Agreement and agree to comply.

_____	__ __ __ - __ __ - __ __ __ __	_____
Employee's Signature	Social Security Number	Date
_____	_____	_____
Supervisor's Signature	Department	Date