

Student Aide Confidentiality Agreement

I, (Name:)______, acknowledge and understand that as an employee of (Department:)_______ of the University of Mary Washington I may have access to sensitive and confidential information. This may include:

- documents
- files
- materials
- financial transactions

- student and employee records
- security passwords and other data
 - conversations of sensitive and confidential nature

In addition, I acknowledge and understand that I may have access to proprietary or other confidential business information belonging to the aforementioned department and/or the University of Mary Washington.

Therefore, 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 aforementioned department and the University of Mary Washington.
- Not disclose or divulge to any other person, or allow any other person access to, any information related to the aforementioned department or the University of Mary Washington that is proprietary or confidential and/or pertains to anyone in the aforementioned department or University other than myself.
- If asked to remove or reproduce sensitive, confidential or proprietary information by a professional staff member, I will ask for clarification on the nature of the information.

Disclosure/divulgence of information includes, but is not limited to, verbal discussions, FAX transmissions, electronic mail, chat and text messages, voice mail communication, written documentation, "loaning" computer access codes, and/or another transmission or sharing of data/information.

Further, I understand that the University, staff, students, or others may suffer irreparable harm by disclosure of sensitive, confidential, or proprietary information, and that any of the above named parties may seek legal remedies available should disclosure/divulgence occur.

By my signature, I understand that violations of this agreement may result in disciplinary action, up to and including my immediate termination of employment, and a hearing before the Honor Council as a student of the University of Mary Washington.

Student Employee Signature

Date

Name (Print)