



**AGREEMENT BY STUDENT EMPLOYEE TO MAINTAIN
CONFIDENTIALITY AND PRIVACY OF RECORDS PERTAINING
TO STUDENTS, FACULTY, STAFF AND COLLEGE**

I, _____ (print name), understand that in my capacity as a student employee at Goucher College, whether as a full-time, part-time, work-study student or otherwise, I may have access to confidential and private records of other students, faculty and staff and/or pertaining to the College. I understand that under federal and state law and the College's policy, student records, including, but not limited to student academic and medical records, are protected from disclosure to third parties unless pursuant to narrow exceptions, and that other confidential records relating to faculty and staff and/or pertaining to the College must not be disclosed.

I have read the College's Policy on Student Records and FERPA (the Family Educational Rights and Privacy Act) (located at www.goucher.edu/FERPA/index.cfm for an online tutorial and quiz, or in the Campus Handbook) and understand my obligation to comply with its terms.

I agree to maintain the confidentiality and privacy of all records relating to students, faculty and staff and/or pertaining to the College, during and after my period(s) of employment at the College. **I shall not, directly or indirectly, communicate to any person other than my supervisor, or an individual approved by my supervisor, any information concerning such records.** I understand that any such disclosure may be grounds for termination from my position, prohibition of future employment at the College or other disciplinary sanctions.

Signature

Date

Please provide a copy to the student and maintain original in the department's files.

Student confidentiality agreement