

CONFIDENTIALITY AGREEMENT

As a student assistant in the University of Missouri-Kansas City's _____ Office I understand that by the virtue of my employment, I may have access to records which contain individually identifiable information, the disclosure of which is prohibited by the Family Educational Rights and Privacy Act of 1974. I acknowledge that I fully understand that the intentional disclosure by me of this information to any unauthorized person could subject me to criminal and civil penalties imposed by law. I understand that sharing my password with someone else or leaving a login session unattended (which may allow unauthorized access to confidential data) are breaches of my agreement to maintain confidentiality. I further acknowledge that such willful or unauthorized disclosure also violates the University of Missouri-Kansas City's Policy on Student Records. Violations of this policy constitute just cause for disciplinary action which could include termination of my employment and/or suspension from the University, regardless of whether criminal or civil penalties are imposed.

I have read and understand the above statement, and I agree to maintain confidentiality for the information to which I am or may be granted access.

Printed Name: _____

Signature: _____ Date: _____