Berea College

Student Worker

Confidentiality Agreement

I, _____, understand that in the performance of my assigned duties as a student worker at Berea College, I may at times have access to personal and departmental records. I agree to keep all such information completely confidential. By signing this document, I am agreeing not to share any information that I become aware of through conversation, actions, or through the viewing of personal and/or departmental records except as authorized by my supervisor.

The purpose of this agreement is to protect the privacy of all parties and to avoid compromising the integrity of the department, all concerned individuals, and Berea College through the disclosure of confidential information.

I understand that to breach this confidentiality is a betrayal of trust and a serious offense which may result in my dismissal from the department and/or possible disciplinary action by Berea College.

* *

_____ Date: _____

Student Worker Signature:

_____ Date: _____

Supervisor's Signature

_____

Labor Department