

**Southwest Texas Junior College
Distance Learning Department
Confidentiality Agreement**

Effective Date: _____

- I understand that I may have direct or indirect access to confidential individually identifiable student/staff/alumni/non-student information (i.e. IDs, passwords, grades, phone numbers, course schedules, birthdates, personal stories and circumstances, etc.) in the course of performing my work activities.
- I agree to protect the confidential nature of all individually identifiable student/staff/alumni/non-student information to which I have access.
- I understand that as a paraprofessional / professional, I have an ethical responsibility to keep all information shared with me, obtained, overheard, etc. during the course of my work activities confidential.
- I understand that I am not to transmit or share this information in any way, except in approved situations, and am responsible for the proper handling, security, and disposal of this information.
- I understand that there are federal, state, and institutional laws, regulations, policies, and procedures (e.g. FERPA) with which I am required to comply related to the protection of individually identifiable student/staff/alumni/non-student information.
- I understand that my failure to observe and abide by these policies and procedures may result in disciplinary action, which may include dismissal, contract termination, and/or punishment by fine and/or imprisonment.
- I understand how I am expected to ensure the protection of individually identifiable student/staff/alumni/non-student information. Should questions arise in the future about how to protect information to which I have access, I will immediately notify my supervisor.
- I have been informed that **this signed agreement will be retained on file for future reference.**

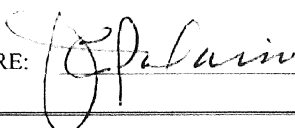
PRINT NAME: _____

SIGNATURE: _____ DATE: _____

Work Study Program Confidentiality Agreement

Effective Date: 10-31-2013

- I understand that I may have direct or indirect access to confidential individually identifiable student/staff/alumni/non-student information (i.e. IDs, phone numbers, course schedules, birthdates, personal stories and circumstances, etc.) in the course of performing my work activities.
- I agree to protect the confidential nature of all individually identifiable student/staff/alumni/non-student information to which I have access.
- I understand that as a paraprofessional / professional, I have an ethical responsibility to keep all information shared with me, obtained, overheard, etc. during the course of my work activities confidential.
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- I have been informed that **this signed agreement will be retained on file for future reference.**

PRINT NAME: <u>Jose Luis Palacio</u>	
SIGNATURE: <u></u>	DATE: <u>11/4/2013</u>

Work Study Program Confidentiality Agreement

Effective Date: 01/13/14

- I understand that I may have direct or indirect access to confidential individually identifiable student/staff/alumni/non-student information (i.e. IDs, phone numbers, course schedules, birthdates, personal stories and circumstances, etc.) in the course of performing my work activities.
- I agree to protect the confidential nature of all individually identifiable student/staff/alumni/non-student information to which I have access.
- I understand that as a paraprofessional / professional, I have an ethical responsibility to keep all information shared with me, obtained, overheard, etc. during the course of my work activities confidential.
- I understand that I am not to transmit or share this information in any way, except in approved situations, and am responsible for the proper handling, security, and disposal of this info.
- I understand that there are federal, state, and institutional laws, regulations, policies, and procedures (e.g. FERPA) with which I am required to comply related to the protection of individually identifiable student/staff/alumni/non-student information.
- I understand that my failure to observe and abide by these policies and procedures may result in disciplinary action, which may include dismissal, contract termination, and/or punishment by fine and/or imprisonment.
- I understand how I am expected to ensure the protection of individually identifiable student/staff/alumni/non-student information. Should questions arise in the future about how to protect information to which I have access, I will immediately notify my supervisor.
- I have been informed that **this signed agreement will be retained on file for future reference.**

PRINT NAME: Taylor Diaz

SIGNATURE: Taylor Diaz DATE: 01/13/14