

**CONFIDENTIALITY AGREEMENT
FOR MASTER’S AND DOCTORAL LEVEL ASSISTANTSHIPS**

I, _____ (print name), understand that in my capacity as a student employee at Chestnut Hill College, whether as a temporary, federal work-study, or Master’s or Doctoral Assistantship student, I may have access to confidential and private records of other students, faculty, staff, and/or pertaining to the College.

I understand that under federal law and College policy, student records are protected from disclosure to third parties unless pursuant to narrow exceptions and that other confidential records must not be disclosed.

I agree to maintain the confidentiality and privacy of any and all information to which I may be exposed, whether they be verbal, written, or electronic records during and after my period (s) of employment at Chestnut Hill 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 a breach of this Agreement could constitute just cause for disciplinary action, including termination of employment and/or dismissal from Chestnut Hill College.

Student ID Number

Student Signature

Date

Supervisor’s Signature

Date

Copies to: Student, Supervisor, SGS Office