

BOWIE STATE UNIVERSITY
STUDENT WORKER
STATEMENT OF CONFIDENTIALITY

Bowie State University regards security and confidentiality of data and information to be of utmost importance. As an employee of the Bowie State University, I understand that I may, during the course of my employment, obtain access to records and/or information and data which are confidential in nature. The records, information, and data may be of and include Bowie State University faculty, staff, and students. I will maintain any information accessed through my assignments in the utmost of confidence. The disclosure of any such information will be made when deemed to be of a business necessity or at the direction of my immediate supervisor. My signature on this statement affirms my agreement to abide by all policies, rules, and regulations of the University.

I, _____, agree to abide by the policies and procedures of Bowie State University as set forth in the University's Policy and Procedures Manual and as I may be directed by my supervisor. I agree to maintain all information made known to me during the course of my assignment and any related assignments, in the strictest confidence and will relay such information on a need to know basis or to my manager and/or department head. I will not use the privileges afforded me by my employment at the University to the benefit of myself or others. I understand that a breach of confidence will result in disciplinary action up to and including termination. I am expected to maintain a personal copy of this signed document and understand that a copy will be placed in my Personnel File.

Signed: _____

Date: _____

Witnessed: _____

Date: _____