

# SALISBURY UNIVERSITY

## FEDERAL WORK-STUDY STATEMENT OF CONFIDENTIALITY

**\*\*\* MUST BE COMPLETED ANNUALLY \*\*\***

As a Federal Work-Study student (“student worker”) of Salisbury University, I understand that I have the responsibility and duty to protect the privacy of students, including former students and alumni as well as my fellow employees. I recognize that at any time I may be made aware of private information pertaining to a student, former student, alumni or employee. I understand that any and all information that I obtain, see, observe, hear or become aware of by any means is considered confidential. I further understand that the unauthorized release of such information, whether to parties internal or external to the University, is strictly prohibited and may lead to immediate termination from work-study and/or suspension or dismissal from Salisbury University.

As a Salisbury University Federal Work-Study employee, I also understand that there are legal prohibitions to the dissemination of student information to others under the Family Educational Rights and Privacy Act of 1974 (sometimes referred to as FERPA or the Buckley Amendment).

Listed below are examples of information that should not be disclosed unless authorized by the student via a FERPA disclosure form in GullNet:

- Grades and/or GPA information
- Class schedules
- Financial aid information
- Student account information

If I am in doubt about a request for information, I understand that it is my responsibility to discuss the request with my supervisor prior to a decision to release the information.

If I become aware of a violation of the Confidentiality Policy, I must immediately report it to my Supervisor.

My signature denotes that I have read and I understand this Statement of Confidentiality and that I agree to consider all information that I become aware of as a Salisbury University Federal Work-Study employee as strictly confidential; and the unauthorized release of such information may lead to my work-study termination and/or suspension or dismissal from the University.

**Name of Work Study Employee (PleasePrint):** \_\_\_\_\_

**Signature of Work Study Employee:** \_\_\_\_\_

**Student ID:** \_\_\_\_\_ **Date** \_\_\_\_\_

**PLEASE NOTE: You must return signed form to the Salisbury University Office of Financial Aid**