

Student Employee Confidentiality Agreement

I,employer information. This expectation pertains business arrangement information.	, agree to maintain abso s to but is not limited to student, paren	lute confidentiality of all t, faculty, staff and
I understand that as a student employee, I have College students, faculty, staff and /or off-camp		on about Montgomery
performance of my duties. I understand	Information to which I have access as a function of my employment will be used exclusively in the performance of my duties. I understand that this provision is designed to protect the confidentiality of personally-identifiable information, and I will conduct myself in accordance with its spirit.	
 Information to which I have access will not be released by me in verbal or written form to individuals outside of the office, either internal or external to my employer, except as directed by my supervisor or as part of my normal duties. 		
 3. I will take all reasonable precautions to protect the confidentiality of information by the practice of good work habits. These include, but are not limited to the following: Protecting the confidentiality of passwords Closing or minimizing programs when not at the computer monitor Using care in the placement of physical documents while in use, as well as their storage and disposal. 		
 I will inform my supervisor promptly of any inadvertent breach of confidentiality or security on my part (the loss of a document, the loss of a key, etc.). 		
5. I will inform my supervisor promptly of any instances of individuals outside of the office soliciting confidential information form me and/or any instance of individuals offering compensation or other benefits to me in exchange for information.		
 I understand that violation of any of the employment, and may also result in the the provisions of the student "College Po Montgomery College Student Handbook 	initiation of disciplinary procedures agolicies and Student Code of Conduct"	gainst me according to
I have read and understand the Confidentiality	Agreement and agree to comply.	
Employee's Signature	MC ID #	Date

Department/Agency Name

Date

Supervisor's Signature