

**Sarah Lawrence College**  
**Academic Computing**  
**Student Employee Confidentiality Statement**

As a student employee of Sarah Lawrence College's Academic Computing department, I may, either occasionally or as a normal part of my job, have the opportunity to access or gain knowledge of confidential information. I agree that I will not access confidential information, nor will I disclose confidential information to others, except as required by my job duties. If questioned about confidential information I agree that I will state that it is restricted and that I am unable to answer.

I acknowledge that my obligations regarding the access to and disclosure of confidential information apply to all confidential information, whether it exists on computing and networking systems or in other forms; whether it is available to me through the privileges of my computer, network, or other College-sponsored access codes and/or passwords, or in other ways; and whether it is available to me during or outside of my working hours in the Academic Computing department.

In addition to my obligations regarding the appropriate access to and use of confidential information, I agree also that I will not jeopardize the integrity and availability of the College's computing, networking, and Academic Computing.

I recognize that failing to comply with these obligations, or violating other College access and/or acceptable use of information technology policies, will result in immediate dismissal from my position. I also recognize that I may be disciplined according to other applicable College policies.

**By signing below, I acknowledge that I have read this Confidentiality Statement, I understand it, and I agree to abide by it.**

Student Employee's Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Student Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_