



FINANCIAL AID OFFICE

FEDERAL WORK-STUDY PROGRAM

**AGREEMENT BY PART-TIME EMPLOYEE TO MAINTAIN CONFIDENTIALITY AND PRIVACY
PERTAINING TO STUDENTS, FACULTY, STAFF AND THE COLLEGE**

I, _____ (print name) _____, understand that in my

Student's Name

Student ID

capacity as student employee at Hudson County Community College, whether as a full time, part time, work-study students, 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 Laws, student's records are protected from disclosure to third parties. I will not exchange information that I have learned while performing my job in the _____ Department at Hudson County Community College. Even minor disclosure of information (telling another student of someone's class schedule) may be a violation and may result in disciplinary actions.

I agree to maintain confidentiality of all such records during and after my period(s) of employment at Hudson County Community College. I shall not directly or indirectly, communicate to any person other than the supervisor or individual approved by the supervisors, any information concerning such records. I understand that any such of disclosure may be grounds for termination or prohibition of future employment.

Student Signature

Date

FAA Signature

Date