



**HUDSON
COUNTY
COMMUNITY COLLEGE**

**OFFICE OF STUDENT FINANCIAL ASSISTANCE
FEDERAL WORK-STUDY PROGRAM**

***AGREEMENT BY STUDENT EMPLOYEE TO MAINTAIN CONFIDENTIALITY AND
PRIVACY OF RECORDS 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