



Student Employee Acknowledgement of Confidentiality Policy

As an employee of the University of West Georgia, I understand that some of my work will involve access to information or records that are considered confidential.

I acknowledge my responsibility to respect the confidentiality of student, employee, and departmental records, follow office procedures in order to protect privacy, and to act in a professional manner, both to the public and over the phone.

I further understand that if I am found acting indiscreetly with confidential material or not protecting the privacy of a student, employee, department, or others through my actions, I may be dismissed from my position immediately. I understand this action to be necessary in order to maintain high professional standards of the office and integrity of the University.

**I have reviewed the Student Employee Confidentiality Policy.
I understand its terms and legal effects.**

Student Employee Name Print

Student ID# (917xxxxxx)

Student Employee Signature

Date

Supervisor Name (Print)

Department/Organization

Supervisor Signature

Date