

**East Carolina University**  
**Student Employee ~ Confidentiality Agreement**

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I understand and acknowledge that as a student employee of East Carolina University (ECU) I have an obligation to protect any and all confidential information that I obtain in the course of my employment whether printed, written, spoken, or electronically produced. (The Family Educational Rights and Privacy Act of 1974 prohibits disclosure of confidential information from a student's record without the student's consent except under certain circumstances, as directed by my supervisor; N.C.G.S. 8-53 and applicable federal regulations prohibit the release of confidential information from a patient's record without the patient's consent except under certain circumstances, as directed by my supervisor; and, most of the information in an employee's personnel file is considered confidential under N.C.G.S. 126-22, *et seq.*).

As a condition of my employment, I understand that all confidential ECU information must be accessed and maintained in a confidential manner and that I am only authorized to access such information to the extent I am required to do so in the performance of my employment. I further understand and agree to seek my supervisor's direction if and/or when a question arises with respect to whether to disclose such confidential information. I accept complete responsibility for my actions, and I understand that any violation of the confidentiality of ECU information or unauthorized access is considered unacceptable personal conduct and may result in disciplinary action up to and including dismissal.

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

Student Employee's Full Name (printed) \_\_\_\_\_

Department \_\_\_\_\_

Date \_\_\_\_\_