

## Confidentiality Agreement Instructions

It is recommended that all student employees exposed to confidential information, such as educational records, student financial information, health information, and social security numbers, must sign the attached **Oakland University Student Employee and Student Intern Confidentiality Agreement** form. The form should be presented to the student employee by the department supervisor. Departments will retain the signed copy in the student worker's employment file.

It is the department's responsibility to ensure student employees understand confidential information is not to be used in any way, other than what is necessary as part of the job duties.

Departments must also ensure that student workers review Oakland University's **Information Technology and Security Policies**, found at [www.oakland.edu/financialaid](http://www.oakland.edu/financialaid), under the "Student Employment" link by clicking "Information for Employers."

Office of Student Financial Services  
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**OAKLAND UNIVERSITY  
STUDENT EMPLOYEE AND STUDENT INTERN  
CONFIDENTIALITY AGREEMENT**

I understand that by virtue of my employment and/or internship with Oakland University, I may have access to records and information that contain educational records, student financial information, nonpublic personal information, personally identifiable financial information, protected health information, credit and credit card information, social security numbers and customer information (collectively "Covered Information").

I acknowledge and understand that access to and use of Covered Information must be consistent with, and the unauthorized disclosure of Covered Information is strictly prohibited by, applicable federal and state law and Oakland University policy. Oakland University has established Administrative Policies and Procedures to protect Covered Information, such as its policies addressing information security and the release of student educational records, all of which are located at: <http://www2.oakland.edu/audit/>.

I also acknowledge and understand that I may **only** access and use Covered Information as authorized, and **only** disclose Covered Information to other Oakland University employees who request the Covered Information in order to fulfill their professional responsibilities.

**I agree that I will not access or use any Covered Information without authorization, or directly or indirectly disclose any Covered Information to any person not authorized by Oakland University.**

This Confidentiality Agreement will be in effect throughout my employment and/or internship and cannot be terminated or modified.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Employee/Intern's Name (Print)

\_\_\_\_\_  
Student Employee/Intern's Signature