

STUDENT EMPLOYEE CONFIDENTIALITY AGREEMENT

As part of my employment in the _____ at the
(Department/Work Area)

University of Minnesota, Duluth, I understand that I will have access to files containing information which includes but is not limited to confidentiality issues regarding employees and students. I understand that I have access to this information only because I am employed in this department/work area. I acknowledge that the information to which I will have access is designated as private personnel data under the Minnesota Government Data Practices Act, Minn. Stat. Sec. 13.43, Subd. 3, and I agree that I shall not disclose this information to anyone who is not employed in this department/work area.

I agree to be bound by this confidentiality agreement and take all reasonable, necessary and appropriate steps to safeguard private data from disclosure to anyone except as permitted under this agreement. I understand that violation of this agreement may subject me to possible disciplinary action affecting my employment at the University of Minnesota, Duluth.

Student signature: _____

Print name: _____

Date: _____