



**Office of Student Financial Aid  
Confidentiality Agreement**

**Agreement by Student Employee to Maintain Confidentiality and Privacy of Records  
Pertaining to Students, Faculty, Staff and the University**

I, \_\_\_\_\_ (print name), understand that in my capacity as a student employee at Northern Arizona University, whether as a temporary, federal work-study, or student wage student, I may have access to confidential and private records of other students, faculty and staff and/or pertaining to the University. I understand that under federal law and University policy, student records are protected from disclosure to third parties unless pursuant to narrow exceptions and that other confidential records must not be disclosed. I agree to maintain the confidentiality and privacy of all such records during and after my period(s) of employment Northern Arizona University. I shall not, directly or indirectly, communicate to any person other than my supervisor, or an individual approved by my supervisor, any information concerning such records. I understand that any such disclosure may be grounds for termination, prohibition of future employment and/or for dismissal from Northern Arizona University.

**Signature of Student Employee**

**Date**