



Student Financial Assistance
FWS Student Worker Agreement & Confidentiality Statement

Student's Name: _____ **MUID or SSN:** _____

EMAIL: _____ **Phone No.:** _____

University employees who are designated as students have access and/or exposure to confidential information about students, employees, alumni, or friends of the College. Confidential information can include all information, materials, conversation provided to the employee or observed by the employee in the performance of job duties and is to be used appropriately and only with proper employer authorization when there is a business need. No information or conversation may be shared outside of the workplace, regardless of the method of communication/information transmission.

Marshall University is committed to protecting the privacy and confidentiality of information in compliance with the Family Educational Rights and Privacy Act of 1974, as amended, and the Financial Services Modernization Act of 1999 (Gramm-Leach-Bliley Act).

Agreement:

I understand that as a condition of my employment at _____ I will not communicate or reproduce any or all confidential information, materials, or conversation that become known to me during my employment. I am aware that failure to do so may result in reprimand, suspension, denial of employment and/or dismissal from employment, and/or further action, as appropriate.

Marshall University requires that:

1. No one may make or permit unauthorized use of any information in files maintained, stored or processed.
2. No one is permitted to seek personal benefit or allow others to benefit personally by knowledge of any confidential information which has come to them by virtue of work assignment.
3. No one is to exhibit or divulge the contents of any record or report to any person except in the conduct of a work assignment and in accordance with institutional policies.
4. No one may knowingly include or cause to be included in any record or report a false, inaccurate or misleading entry.
5. No official record or report, or copy thereof, may be removed from the office where it is maintained except in the performance of a person's duties.
6. No one is to abet or act in conspiracy with another to violate any part of this code.
7. Any knowledge of a violation of this code must immediately be reported to the department supervisor.

Student's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Return this form to the Office of Student Financial Assistance, Marshall University, Old Main 116, One John Marshall Dr., Huntington, WV, 25755 or fax to 304-696-3242.