

Salem State University

Student Employee Confidentiality Agreement

I, _____, understand that, due to the nature of my work at Salem State University, I may be exposed to information of a confidential and sensitive nature. In signing this agreement, I agree to use discretion concerning the information to which I am privy and understand that this information will be kept confidential and used only within the confines of the office I work in. A copy of this will be held in my official personnel file in the office of Student Employment, Human Resources and Equal Opportunity as evidence that I agree to comply with the terms of this agreement. I understand that any breach of this agreement may result in my termination.

(Signature and Date)