STUDENT EMPLOYMENT CONFIDENTIALITY AGREEMENT

As a student employee at Rhode Island School of Design (RISD), you play an important role in assisting in the operation of the institution and contributing to the success of your fellow students, faculty, and staff.

All student employees are required to adhere to the confidentiality policies that govern information acquired through their employment. This information may include, but is not limited to:

- Student, faculty, and staff personnel records, as well prospective student information;
- Financial, payment, donation, aid, and budget information;
- Faculty teaching and research data, and intellectual property;
- Information regarding physical or mental health or personal affairs of individuals;
- Internal communications both written and verbal

Both you and the office or department for which you work are obligated to protect the confidentiality of this information, and you may not make copies, disseminate, share, or disclose content in any way. Student employees should consult with their supervisors before releasing any information beyond other RISD employees for the purpose of official college business.

All student employees are required to maintain the confidentiality of all information acquired through their employment. Student employees must read and acknowledge the Family Educational Rights and Privacy Act (FERPA), as it applies to all student education records at RISD. It is important that students familiarize themselves with FERPA and feel comfortable asking their supervisor questions pertaining to any issues regarding confidentiality.

The Office of Student Employment and RISD expects that all student employees will respect the confidentiality of work-related and student record information and adhere to this policy. Any failure to do so may result in discipline up to and including the loss of your job and sanctions by the Student Conduct Office.

| Departments, please keep a signed and d | lated copy of this agreement for your recor | ds. |
|---|---|-------------|
| ************ | ********* | |
| I acknowledge that I have read and understand the agreement regarding confidentiality and I agree to maintain complete confidentiality of information obtained through my employment. | | |
| Student Name | Student Signature | Date Signed |
| Supervisor Signature | | |