

ACKNOWLEDGEMENT OF PROFESSIONAL CONFIDENTIALITY AND RESPONSIBILITY

This statement is to be signed by students employed with the _____
Office at Lake Forest College

Student Statement:

As a member of this office at Lake Forest College, I am aware that I may come in contact with sensitive and confidential information. This may include student records. This information is confidential and must be kept in the highest regard of trust and integrity. I understand I must adhere to Lake Forest College's rules regarding such information. I will not seek this information; if I shall become aware of sensitive information, I will not divulge this information to anyone. **This includes, but not limited to, social security numbers, ID numbers, addresses, phone numbers, parent's information, benefits and salaries.**

If I am unable to adhere to the rules that are outlined in the above paragraph, I will not accept employment in this office. If I do not keep this information confidential, I understand that this is grounds for immediate termination with this office, and any other office at Lake Forest College where sensitive information is maintained.

By signing below, I will adhere to Lake Forest College's rules regarding sensitive and confidential information. I will uphold my position with the highest regard of trust and integrity.

Student Signature

Student ID Number

Student Name (print)

Date: _____

Supervisor's Signature _____

Supervisor's name (print) _____

Date : _____

Return form to the Business Office for Student's Personnel File;

Keep copies for Student and Supervisor

Student records are maintained under the protection of the Family Educational Rights and Privacy Act of 1974, as amended.