

Abilene Christian University

(Your Department's Name)

Confidentiality Statement

I, _____, understand that as a student employee in the (____) department, I am not to disclose confidential information to anyone outside the (____) department, except as authorized by my supervisor, (____). Confidential information includes, but may not be limited to, (examples here that pertain to your department: i.e.: pay, benefits, and health status). All internal department business, including such confidential information, may only be discussed with my fellow departmental coworkers on an as-needed basis and is not to be disclosed to any other staff or faculty members or any external parties, except as authorized by my supervisor, or as required by law to governmental authorities or the ACU Legal Services Department.

I also understand that if I make an unauthorized disclosure of confidential information during my employment with the (____) department, I will be subject to disciplinary action, up to and including termination of employment. I also understand that all of the foregoing obligations continue even after my employment ceases with the (____) department.

Employee's printed name: _____

Employee's signature: _____

Date: _____