CONFIDENTIALITY POLICY FOR STUDENT EMPLOYEES
AT WIDENER UNIVERSITY DELAWARE LAW SCHOOL

Student employees at Widener University Delaware Law School perform a wide variety of tasks which may involve working with confidential or sensitive information. It is clearly improper for a student employee to divulge this information to others or use the information outside the job setting.

Widener University Delaware Law School has adopted the Family Educational rights and Privacy Act (FERPA) as policy. This act provides for criminal or civil penalties for persons improperly releasing protected personal student information. In the case of a violation of this policy, the University will also take action, which includes, but is not limited to, termination of employment. For further discussion of confidentiality of student records, please refer to the student handbook.

STATEMENT OF UNDERSTANDING OF PRIVACY ACT PROVISIONS

I understand that by virtue of my employment with Widener University Delaware Law School, I may have access to records which contain individually identifiable information, the disclosure of which is prohibited by the Privacy Act of 1974. I acknowledge that I fully understand that the willful or intentional disclosure by me of this information to any unauthorized person could subject me to criminal and civil penalties imposed by law. I further acknowledge that such willful or intentional unauthorized disclosure also violates the school’s policy and could constitute just cause for disciplinary action, including termination of my employment regardless of whether criminal or civil penalties are imposed.

_____________________________                    __________________________________
Student’s Name (Please Print)                                                                 Student Employee’s Signature

_____________________________                    __________________________________
Date                                                                       Student Employee’s Signature

_____________________________                    __________________________________
Date                                                                       Supervisor’s Signature (Witness)