

The National Hispanic University
Federal Work-Study
2010-2011
Office of Financial Aid
14271 Story Road San Jose, CA 95127

CONFIDENTIALITY AGREEMENT

NAME: _____ SSN: _____

One of the responsibilities as an employee of the University is to maintain the confidentiality of student information and records. Any information received by the office, that employs you, regarding another The National Hispanic University student or that is maintain by such office in student files is to be kept strictly confidential.

Please acknowledge receipt to this information by providing your signature and today's date in the area designated below.

ACKNOWLEDGEMENT

I have read, understand, and will abide by the information and policies outlined above. I understand that any violation(s) on my part of this University policy may result in the termination of my employment and may subject me to disciplinary action as authorized by The National Hispanic University code of conduct policies.

Signature

Date