

# *Confidentiality Statement*

Southern Methodist University  
**Statement of Agreement and Confidentiality**

This statement will be kept on file with the student employees' supervisor during each semester of employment. A new Statement of Agreement should be completed each semester with a new schedule.

\_\_\_\_\_  
Student employee name Social Security Number

\_\_\_\_\_  
Local Address

\_\_\_\_\_  
Local Telephone

Work schedule for \_\_\_\_\_ semester, \_\_\_\_\_

Beginning date \_\_\_\_\_ Ending date \_\_\_\_\_

| Schedule   | Mon. | Tues. | Wed. | Thur. | Fri. | Total Hrs. |
|------------|------|-------|------|-------|------|------------|
| AM         |      |       |      |       |      |            |
| PM         |      |       |      |       |      |            |
| Total Hrs. |      |       |      |       |      |            |

In my acceptance of employment:

I have read and understand the Student Staff Policies and Procedures. I understand that in my duties, I will have access to information about individual students and statistical information about SMU that is not available to the general public. I agree to maintain the confidentiality of all such information. I understand that any breach of confidentiality can result in immediate termination and judicial sanctions. I understand that my accessing confidential information in the Division of Enrollment Services outside of a specific assignment can result in immediate termination and judicial sanctions.

\_\_\_\_\_  
Student Employee Signature Date