

New York Institute of Technology - Confidentiality Agreement for Student Assistants


**NEW YORK INSTITUTE
OF TECHNOLOGY**

Reinvent the Future.

Student name: _____

Student ID number: _____

Dates of hire : 20 _____ - 20 _____ Semester: _____

VERIFICATION OF OBLIGATION

I understand that in the course of my experience I may have access to and be involved in the processing of verbal, written, computer generated, computer accessed, filmed, and/or recorded information related to clients, employees, and staff or the organization or business.

I understand that I am required to maintain confidentiality of this direct or indirect information at all times, both during and after my experience.

I understand that I will not share, discuss, or reveal any of this information with anyone.

I understand that any breach of confidentiality may result in disciplinary action, including termination from the role, sanctions under the student code of conduct, or legal action.

I certify by my signature that I acknowledge being informed of the confidentiality policy concerning confidential information or its treatment. I agree to adhere to and uphold the private and privileged information therein.

Student-Assistant MUST sign in the presence of the an NYIT staff member.

Student Name: _____
(printed full legal name)

Student Signature: _____
(full legal name signature)

Witnessed By: _____
(signature)

Date: _____

Note: A copy of this form should be kept in the student's academic folder in addition to providing a copy to the Business Admin Manager.