

**Louisiana State University Alexandria  
Office of the Registrar**

**CONFIDENTIALITY AGREEMENT**

Check One: \_\_\_\_ Fall \_\_\_\_ Spring \_\_\_\_ Summer Year: \_\_\_\_\_

As a student employee at Louisiana State University Alexandria, I understand that a great deal of highly confidential information regarding students, faculty and staff, is processed in the course of daily work activities. This confidential information can include transcripts, applications, personnel files, electronic files, printouts, identification codes, passwords, and other written and electronic materials of a sensitive nature. It also includes conversations about personal matters. The Federal Family Educational Rights and Privacy Act of 1974 (FERPA, the Buckley Amendment), codes of ethics and standards of professionalism govern many of these items.

I agree that I will not attempt to view or obtain any confidential information other than what is explicitly required to perform my assigned duties.

I understand that confidential information is never to be taken from the office or discussed with, or used by anyone outside of the office. Confidential information includes anything personal about an LSUA student, faculty member or staff employee. I agree to follow this policy at all times. Further, I understand that any breach of this agreement will result in immediate dismissal, with the possibility of additional disciplinary action, per the Student Conduct Code.

I agree that I will not copy or distribute software without a legal license for said software. I further agree to follow all provisions in the Student Conduct Code related to proper use of computing facilities and all copyright agreements.

In the event that someone calls or approaches me requesting information about potentially confidential information, I will explain to the person I am unable to help them with that information and will refer them to the appropriate department or staff member.

I understand that not adhering to the above stated policies will result in my dismissal from student employment at LSUA.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
PC ID#

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Department

\_\_\_\_\_  
Date