



**BUFFALO STATE**  
The State University of New York

**Conditions of Student Employment – Buffalo State  
Federal Work Study**

\_\_\_\_\_ **Office**  
(Name of campus office – please print)

**Name of Student Employee** (please print) \_\_\_\_\_

As part of your job in this office you will have access to confidential information about students at Buffalo State. Please read the following statement regarding confidentiality and employment standards:

- I understand that all information gained from student files (office or computer generated) or heard in the course of my employment is strictly confidential now and in the future, and as such, is not to be shared with any one other person except those authorized to receive this information.
- I understand that all student records (files or copies) may not leave the office unless directed to do so by a person in the office who holds authority. Files will not be left unattended in public areas for others to view.
- I acknowledge that the use of the Buffalo State office computers is for the purposes of conducting business, not for personal use. Accessing the internet or using messenger software is strictly prohibited.
- I agree that the computer password that is provided to me is not to be shared with anyone other than those authorized to use it within our office.
- I understand that violation of confidentiality is illegal, and as such is a breach of ethics and is subject to termination of employment at Buffalo State and a conduct review. I further acknowledge that any legal or other punitive measures taken by subject who may be affected by a breach of confidentiality for which I am responsible is my own responsibility.

**By signing this statement, I certify that I have read and understand the condition of my employment.**

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

**\*\*\*THIS FORM IS TO BE RETAINED BY EMPLOYER\*\*\***