



777 ELSBREE STREET ▪ FALL RIVER, MA 02720 ▪ WWW.BRISTOL.MASS.EDU

## Confidentiality Statement – Student Employee

I, (*student name*) \_\_\_\_\_,  
have been informed of the confidential nature of the information which I will have access to as  
an employee of the office listed below. Failure to comply with the confidentiality standard set  
forth by the supervisor/department/college will result in immediate termination of my  
employment.

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

Name of Office/Department where student is employed: \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Employee and Supervisor should each keep a copy of this statement.