



Office of Student Financial Aid

Federal Work Study Confidentiality Agreement

Student Name _____ KSU ID Number _____

I, _____ (print name), understand in my capacity as a Federal Work Study student employee at Kennesaw State University that I may have access to confidential and private records of other Business Organizations, Public Schools, students, faculty and staff and/or pertaining to the University.

I understand that these confidential and private records are protected by the federal law from disclosure to third parties unless pursuant to narrow exceptions and that other confidential records must not be disclosed.

I agree to maintain the confidentiality and privacy of all such records during and after my period(s) of employment at Kennesaw State University. I shall not, directly or indirectly, communicate to any other person other than my supervisor, or any individual approved by my supervisor, any information concerning such records. I understand any such disclosure may be grounds for termination, prohibition of future employment under the Federal Work Study program at Kennesaw State University.

Please be aware that the hiring department may also require you to complete a Buckley Amendment form with the Registrar's Office.

Student's Signature _____

Department _____

Supervisor's Printed Name _____

Supervisor's Signature _____

Date _____

Please return request form to:

Kennesaw State University, Office of Student Financial Aid
Attention: Gregory Lawrance, FWS Program Coordinator,
585 Cobb Avenue NW, MD 0119,
Kennesaw, GA 30144

Phone (470) 578-4893 E-mail: glawranc@kennesaw.edu