

I, \_\_\_\_\_, understand that all information within the department of \_\_\_\_\_ at SUNY Canton is strictly confidential. I agree not to discuss any information with anyone outside of this office unless authorized by SUNY Canton. I understand that failure to comply with the confidentiality of this office could result in the immediate termination of my employment.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_