



STUDENT EMPLOYEE CARE OF CONFIDENTIAL INFORMATION FORM

I acknowledge that while performing my assigned duties as a student employee at Wartburg College, I may use or otherwise have access to confidential information.

I understand that confidential information may or may not be clearly labeled as “confidential” and may be in written or oral form. Confidential information may include information that may be and/or previously has been disclosed, in other contexts, to other parties.

I understand confidential information may be subject to state or federal laws (e.g. Family Educational Rights and Privacy Act of 1974 as amended (FERPA), Gramm-Leach-Bliley Act (GLBA), and the Health Insurance Portability and Accountability Act (HIPPA)), industry standards (e.g. payment card industry compliance (PCI)), and/or College policies regarding protection of data.

Confidential information includes, but is not limited to, strategic plans, contracts and licenses, financial reports, health-related information, marketing strategies, student financial aid, grades, individual student information, donor giving history, credit card information, and/or other data.

Confidential information may be owned by Wartburg College and/or by those who have a relationship with Wartburg College. This includes, but is not limited to:

- Employees or former employees, and/or their family members
- Students or prospective students, and/or their family members
- Alumni and friends of the college
- Members of the Board of Regents, and/or a Board committee or subcommittee
- Donors or prospective donors, and/or their family members
- Healthcare providers
- Insurance companies
- Government entities or agencies
- Vendors and contractors
- Other colleges
- Other persons and/or organizations who have or may enter a relationship with Wartburg College.

I understand that I am to always handle confidential information in a private and confidential manner, both during and after my employment by Wartburg College. I understand that the disclosure of any confidential information may be harmful to Wartburg College and/or to other people or organizations and may expose Wartburg College and others to significant legal liability.

I understand that my failure to always handle confidential information in a private and confidential manner or to fulfill any of the obligations described in this document may result in appropriate disciplinary action.

Student Employee Care of Confidential Information Form (continued)

Specifically, I, _____
(Student ID #) (Legal First Name and Last Name)

acknowledge that I have the following obligations as a student employee:

1. I will use and disclose confidential information solely in accordance with Wartburg College policies, as well as any relevant laws, industry-specific requirements, or other policies that are applicable to confidential information. I agree to familiarize myself with any periodic updates or changes to such policies in a timely manner.
2. I will request, obtain, use, and disclose confidential information only in connection with and for the sole purpose of performing my assigned duties as a student employee. I will refrain from requesting, obtaining, using, and disclosing more confidential information than is necessary to accomplish my assigned duties as a student employee.
3. I will take reasonable care to properly secure confidential information on my computer and will take steps to ensure that others cannot view or access such information. I will not disclose my username, password, or access codes to the college's computer systems and applications to an unauthorized individual to gain unauthorized access to confidential information.
4. If I become aware of any unauthorized use or disclosure of confidential information, I will immediately report the use or disclosure to the appropriate supervisor and/or Student Employment Office personnel.
5. If I am uncertain whether information is considered confidential, if I am unclear about my responsibilities for the care of confidential information, and/or if I have any questions related to Wartburg College confidentiality policies, I will seek clarification from the appropriate supervisor and/or Student Employment Office personnel.

Student Employee Signature: _____ **Date:** _____

Please submit this completed form to the Student Employment Office in Luther Hall 212.