UNIVERSITY OF CENTRAL OKLAHOMA

UCO Student Worker’s/GA/RA/TA Responsibility Acknowledgement and Confidentiality Agreement

It is the policy of the University of Central Oklahoma to protect the confidentiality of student records. Based upon your job duties and responsibilities as a student worker, Graduate Assistant (GA), Research Assistant (RA) or Teaching Assistant (TA), you may have access to a portion of the University’s records pertaining to other students. Your access and use of the information/data is subject to the following terms and conditions.

1. **I will utilize the information/data only as specifically directed by my Supervisor OR Faculty Mentor.** Access or use of other students’ records for my own personal gain or profit, for the personal gain or profit of others, or to satisfy personal curiosity is strictly forbidden.

2. **I will respect the confidentiality of individuals to whose records I have been given access.** I will observe appropriate ethical restrictions and will abide by applicable laws and policies with respect to access, use, or disclosure of student records.

3. **I will not disclose information/data to persons not authorized to have access to it.** I understand that the University expressly forbids the disclosure or distribution of such student record information in any medium, except as required by my job duties and responsibilities and which have been approved in advance.

4. I agree to follow these policies and procedures. Failure to do so may result in disciplinary actions, including termination of my employment OR assistantship.

ADDENDUM: Student workers, GAs, RAs, and TAs, under any and all circumstances, will not have access to SCT Banner.

My signature indicates that I have read, understand, and agree to abide by the terms and conditions of this agreement.

______________________________
Student Worker/GA/RA/TA’s Name (Please Print Clearly)

______________________________
Student Worker/GA/RA/TA’s Signature

________________________________
UCO ID Number

______________________________
University Department (if applicable)

______________________________
Chairperson OR Administrator Signature

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Dean’s Signature (if applicable)