



Lewis-Clark State College Work Scholar Confidentiality Agreement

I, _____, understand that in the performance of my assigned duties as a Work Scholar at Lewis-Clark State College, I may at times have access to personal and departmental records. I agree to keep all such information completely confidential. By signing this document, I agree not to share any information that I become aware of through conversation, actions, or through the viewing of personal and/or departmental records except as authorized by my supervisor.

The purpose of this agreement is to protect the privacy and identity of all parties and to avoid compromising the integrity of the department, all concerned individuals, and Lewis-Clark State College through the disclosure of confidential information.

I understand that to breach this confidentiality is a betrayal of trust and a serious offense which may result in my dismissal from the department and/or possible disciplinary action by Lewis-Clark State College.

Student Name (Print)

Student Signature

Date