
Federal Work-Study Statement of Confidentiality

I understand that as a Federal Work Study student employed under the Federal Work Study program at Thomas Jefferson University, I may come in contact with confidential student, patient, and/or employee records. I take responsibility for maintaining the confidentiality of all information. I further understand that information I hear, see, or otherwise have access to can not be discussed outside of the University or Hospital Offices. Release of any confidential information, pertaining to a student, patient or otherwise, is grounds for termination and I may also face disciplinary action as determined by the Judicial Board.

_____ (Print name)

_____ (Signature)

_____ (Date)

_____ (Campus Key)
