



Student Information

CCRI ID# \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

**Confidentiality and Nondisclosure Agreement**

The Community College of Rhode Island has a policy for administering and maintaining confidentiality of student records in compliance with federal and state laws. As a student employee of the Community College of Rhode Island, it is important for you to maintain the confidentiality of any information which you may have access to in the course of your employment.

I understand that being employed by CCRI's Student Worker Program; I may have access to records which contain individually identifiable information, the disclosure of which is prohibited by the Family Educational Rights and Privacy Act of 1974. This expectation of privacy extends to the use of CCRI's technology resources, including computers, printers, software and the disclosure by me of this information to any unauthorized person could subject me to criminal and civil penalties imposed by law. I further understand that such willful and unauthorized disclosure also violates CCRI's policy and could constitute just cause for disciplinary action including termination of my employment, regardless of whether criminal or civil penalties are imposed.

Having read the CCRI Confidentiality and Nondisclosure Agreement, I acknowledge and ethically oblige to be bound by the Confidentiality and Nondisclosure Agreement and on oath so abide.

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

**Enrollment and Satisfactory Academic Progress Requirements**

In addition, I also acknowledge that I must be registered for at least six (6) credits and I must maintain satisfactory academic progress to remain eligible to earn my Federal Work Study/Student Help Award. If I drop below half-time (below 6 credits) or withdraw completely, I must notify my supervisor and financial aid immediately.

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

\_\_\_\_\_  
Supervisor's Signature Date