



**Information Technology Form & Confidentiality Statement**

**Student Worker**

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

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

Department/Division: \_\_\_\_\_ Office Location: \_\_\_\_\_

Dept. Manager/Supervisor's signature \_\_\_\_\_ Date: \_\_\_\_\_

(Manager's signature and date MUST be included)

Once access is created, the department manager will be notified.

This section **MUST** be completed by the department manager

School Year \_\_\_\_\_ Current semester of which access is requested: \_\_\_\_\_

**\*\*Access is only available for the current term of the request.  
A new Student Worker Information Technology Form & Confidentiality Statement  
MUST be submitted for any new term\*\***

**Confidentiality Statement (Must be signed by each employee)**

I understand that by virtue of my employment at Shorter University, I may have knowledge of or access to records or conversation that is confidential in nature, especially when it contains individually identifiable information. Therefore, I will treat all information obtained (written or spoken) as a result of my position as confidential, and will not share any of such information with uninvolved persons on or off campus. I fully understand that a violation of confidentiality could result in disciplinary action or loss of position.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use:** Hire Date: \_\_\_\_\_ Network Login \_\_\_\_\_  
Password: \_\_\_\_\_

