



## Library Confidentiality/Non-Disclosure Statement

The Clemson Libraries is committed to protecting every individual with whom it comes into contact against improper disclosure of information. Student employees in the Library may have access and/or exposure to certain confidential information. Confidential information can include all information, materials, or conversation provided to the student employee and is to be used appropriately and only with proper authorization. No information or conversation should be shared outside of the Library, regardless of the method of communication/information transmission.

### Confidentiality/Non-Disclosure Agreement

Under these laws, I may not disclose information about university employees or university students/ alumni unless I am certain that a provision of the law allows disclosure in particular circumstances. If in doubt about the confidentiality of any record or my ability to legally disclose information, I agree to consult with my supervisor, who may, in turn consult with legal counsel, before disclosing any student or employee information.

I understand that as a condition of my employment in the Library I will not communicate or reproduce any or all confidential information, materials, or conversation that would become known to me during my employment. I hereby agree to preserve the confidentiality of any and all records that I view or have access to during the course of my employment and will take all reasonable and necessary steps to safeguard private information from disclosure. I am aware that failure to follow this policy may result in denial of employment and/or dismissal from employment, and/or further action as appropriate.

### Acknowledgment of Receipt of Handbook

I hereby acknowledge that I have received and read my copy of the Library Student Employee Handbook & Guidelines regarding student employment at Clemson University Libraries.

I agree to abide by all policies and procedures in the handbook. I understand that violation of any of these university policies may result in termination of my employment with the university.

Student Employee Name \_\_\_\_\_ Date Hired: \_\_\_\_\_

Student Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

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