

**VANDERBILT UNIVERSITY**  
Student Employment

C/O OFFICE OF STUDENT FINANCIAL AID  
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## STATEMENT OF CONFIDENTIALITY

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I understand that accessing, without authorization, information that the University considers privileged or confidential, releasing such privileged or confidential information, or using such information for non-University purposes, violates University policy.

I attest that I will treat confidential information with the highest level of privacy and professionalism. I will discuss confidential information only with authorized personnel. I understand that violation of confidentiality is considered a serious offense and could result in dismissal from my job.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Department

\_\_\_\_\_  
Date

**SUPERVISORS:** Please retain this form for your record. Thank you.