



# MACALESTER

## **Student Employee Confidentiality Agreement & Healthcare Coverage Acknowledgement**

I understand and accept the following conditions and responsibilities of my student employment at Macalester College:

1. In the performance of my duties, I may gain access to or encounter sensitive or confidential information and records that may be protected from disclosure by federal or state law. Examples include education records protected under the Family Educational Rights and Privacy Act of 1974 (FERPA) and employee (faculty and staff) records that are protected from disclosure under federal and state law. I understand that unauthorized disclosure of such Protected Information can adversely impact the College, individual persons, or affiliated organizations.
2. I shall treat ALL information accessible to me in the performance of my duties as Protected Information, regardless of its format (e.g., electronic, paper, oral), unless and until advised otherwise by my supervisor.
3. I shall use Protected Information for the sole purpose of performing my job duties. I shall not disclose Protected Information to ANYONE without prior authorization from my supervisor.
4. I shall not permit myself or any other person to copy or reproduce Protected Information other than what is required in the regular performance of my job duties.
5. I shall not use my student employee access permissions to alter, delete, or enter fraudulent information into any academic, financial, or other educational records pertaining to me or my peers.
6. I shall immediately report to my supervisor any unauthorized use, duplication, or disclosure of Protected Information by myself or others.
7. I will keep secure and not share any login credentials assigned for my student employment use at Macalester.
8. I shall read and comply with all college policies related to the security and privacy of College information resources, most especially the Information Security policies and Student Handbook: Statement on Privacy and Disclosure of Student Information:  
[www.macalester.edu/its/about/policies](http://www.macalester.edu/its/about/policies)  
[www.macalester.edu/studentaffairs/studenthandbook](http://www.macalester.edu/studentaffairs/studenthandbook)
9. I understand that any failure to adhere to one or more of the above listed conditions and responsibilities will subject me to disciplinary action that may result in prosecution through appropriate College judicial processes, discharge from employment, expulsion from the College, and civil and criminal legal sanctions.

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I acknowledge I have received a copy of Health Insurance Marketplace Coverage Options.

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Student Employee Name (Print)

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Signature

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Date