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## STATEMENT OF UNDERSTANDING OF CONFIDENTIALITY REQUIREMENTS FOR STUDENT WORKERS

As a student employee of the \_\_\_\_\_ Department of Holy Family University, it is important for you to maintain confidentiality of any information which you may have access to in the course of your employment.

I understand and will comply with the requirements to maintain confidentiality of all information which I may come to know as a result of my employment in this department. I understand that this includes, but is not limited to, academic and financial information and may contain individually identifiable information. Disclosure of such information is prohibited by Family Educational Rights and Privacy Act of 1974 (FERPA) as well as the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

I acknowledge that the willful or intentional disclosure by me of this confidential information will result in immediate termination from my job, as well as possible disciplinary action. I further acknowledge that disclosure of this information could subject me to criminal and civil penalties imposed by law.

\_\_\_\_\_  
Print Student's Name

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date