

STUDENT ACCEPTANCE OF RESPONSIBILITY

ACKNOWLEDGMENT AND AGREEMENT

I understand that I must sign this document as a condition of my employment/placement by JMU as a(n) _____ in _____
intern/graduate assistant/student assistant Department Name

I acknowledge and agree as follows:

1. I would not have been employed/placed in this position if I were not a JMU student.
2. In connection with this position, I will have access to information about JMU students and about other matters that are highly confidential. I agree to honor that confidentiality and to refrain from disclosing any such information to anyone without the written consent of my supervisor. If I have any question about this, I will consult my supervisor prior to making any disclosure.
3. A breach of confidentiality would be a misuse of my responsibilities and would constitute a violation of JMU policies relating to disclosure of information, computer use and appropriate use of information technology.
4. Any such violation would subject me to dismissal from employment/placement.

I have read this document carefully and fully understand its contents.

Name of Student (Print)

Signature of Student Date

Name of Supervisor/Witness (Print)

Signature of Supervisor/Witness Date