

STUDENT EMPLOYEE CONFIDENTIALITY AGREEMENT**Initial**

I, _____ (**PRINT NAME**), understand and accept the following conditions and responsibilities of my employment at Maastricht University as a student employee:

1. In the performance of my duties, I have access to confidential information regarding participants in scientific research, which includes, but is not limited to, audio and/or video recordings of participants.
2. I shall treat ALL recordings accessible to me in the performance of my duties as Confidential Information. I will take all necessary steps to prevent anyone from gaining knowledge of my password; and report a breach of that knowledge immediately to the supervisor.
3. **I agree to not access Confidential Information unless I am authorized to do so, and I agree to maintain the confidentiality and privacy of Confidential Information during and after my period of student employment with the University.** I shall not, directly or indirectly, communicate orally, in writing, or by e-mail, social media, or through any other means, any Confidential Information to any unauthorized person, including, without limitation, other students, work colleagues, family members, etc.
4. I shall use my access to Confidential Information for the sole purpose of performing my job duties.
5. I shall not disclose Information to ANYONE without prior authorization from my supervisor.
6. I shall not permit myself or any other person to copy, reproduce, alter, delete, or enter any Information other than what is required in the regular performance of my job duties.
7. I am aware that any breach of this agreement, release of Confidential Information, or any abuse of my position, may result in disciplinary action through the Maastricht University, including possible termination of my position, prosecution through appropriate University disciplinary processes, expulsion from the University, and civil and criminal legal action.
8. The provisions contained in this agreement are considered conditions of my participation in employment offered by the University.

I have reviewed and read this document. I understand its terms and its legal effect.

STUDENT EMPLOYEE NAME (PRINT)	ID NUMBER	SIGNATURE	DATE
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SUPERVISOR NAME (PRINT)	SIGNATURE	DATE
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