



The University Of
T A M P A

Confidentiality Statement

Please complete and return to the Financial Aid Office

PRINT NAME: _____ SS#: _____

I understand the confidential nature of all records in this department at The University of Tampa. If I happen to come across confidential information, I will not discuss it with anyone. I will not discuss confidential data, documentation contained in student files, information contained on the computer system, or information gained through conversations in the office with anyone outside of the department. I will not discuss, inquire, or handle information not pertaining to my work task at hand.

I realize that failure to comply with the above statement could have serious consequences and will result in immediate termination.

Student Signature

Date

Department

Supervisor Signature

Date