

# Student Internship Confidentiality Agreement Form

Student Name

University / College

Internship Position / Title

Department / Supervisor

Date

## Confidentiality Agreement

I acknowledge that during my internship, I may have access to confidential and proprietary information of the organization, including but not limited to business operations, client data, financial information, and trade secrets. I understand and agree that:

- I will not disclose, use, or copy any confidential information for any purpose outside the scope of my internship unless authorized in writing by the organization.
- I will protect all confidential information from unauthorized access or disclosure.
- This obligation of confidentiality applies during and after the term of my internship.
- All notes, documents, files, or materials containing confidential information shall remain the property of the organization.

By signing below, I confirm that I have read, understood, and agree to comply with this Confidentiality Agreement.

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Student Signature

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Date

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Supervisor Name & Signature

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Date