



## Federal Work-Study Program Family Education Rights and Privacy Act (FERPA)

I, \_\_\_\_\_ (print name), understand that in my capacity as a student employee at the University of La Verne whether as a full-time, part-time, work-study student or otherwise, I may have access to confidential and private records of other students, faculty and staff and/or pertaining confidential and private records of other students, faculty and staff and/or pertaining to the university. I understand that under federal law and university policy, student records are protected from disclosure to third parties unless pursuant to narrow exceptions and that other confidential records must not be disclosed. I understand that I only have access to student information if is directly related to my assigned duties. I understand that by accessing student records for personal reasons I will be violating FERPA regulations and henceforth federal law.

I agree to maintain the confidentiality and privacy of all such records during and after my period(s) of employment at the University of La Verne. I shall not, directly and indirectly, communicate to any person other than my supervisor, or an individual approved by my supervisor, any information concerning such records.

I understand that unauthorized access or disclosure of any student information will result in immediate termination, prohibition of future employment and/or for dismissal from the University of La Verne.

Unauthorized access or disclosure of any student information will result in immediate dismissal from your job. Even a seemingly minor disclosure of information, such as disclosing a student's class schedule to another student or to a parent, is a violation and will result in punitive action.

If you have questions about disclosure of any information, please consult with your supervisor or contact the Office of the Registrar. Further information can be located on the Office of the Registrar Web Page at <http://sites.laverne.edu/registrar/student-information/ferpa> . We encourage you to familiarize yourself with the University of La Verne FERPA statement.

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**Signature**

**Student ID Number**

**Date**