

STUDENT WORKER PRIVACY (FERPA) STATEMENT

I, \_\_\_\_\_, understand that by virtue of my employment with the University of Central Arkansas, I may have access to student educational records that may contain personally identifiable information, the disclosure of which is prohibited by the Family Educational Rights and Privacy Act, otherwise known as FERPA or the Buckley Amendment. I acknowledge that I have been provided and have read the materials contained in the *Student Handbook* concerning university records, and that I fully understand my responsibility for maintaining the confidential nature of student educational records and that the disclosure by me of this information to any unauthorized person may subject me to appropriate penalties provided by law. I understand that should I have a question concerning a request for information from student educational records, I will notify my supervisor for assistance. I further acknowledge that the unauthorized disclosure by me of this information violates the University of Central Arkansas' policy and may constitute cause for disciplinary action, including, but not limited to, the termination of my employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date