

# Student Employee Statement of FERPA Understanding

## Student Employee Section

STUDENT EMPLOYEE NAME: \_\_\_\_\_

STUDENT EMPLOYEE STUDENT IDENTIFICATION NUMBER (SID): \_\_\_\_\_

I understand that, by the virtue of my employment with \_\_\_\_\_ at the University of California, Riverside, I may have access to records which contain individually identifiable information. The disclosure of this information is prohibited by the Family Educational Rights and Privacy Act of 1974. By signing this form, I acknowledge that I fully understand that the intentional disclosure – written, oral, or otherwise – by me of this information to any unauthorized person could subject me to criminal and civil penalties imposed by law and could lead to termination of employment. I further acknowledge that such willful unauthorized disclosure also violates the University of California Student Conduct Policies and could constitute just cause for disciplinary action, including, but not limited to, being placed on disciplinary probation, loss of privileges, exclusion from campus activities, suspension, or dismissal regardless of whether criminal or civil penalties are imposed.

In addition, I understand that I may not access my own student record.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

## Supervisor Section

I have discussed the importance of FERPA and confidentiality of student records with the student employee.

\_\_\_\_\_  
**Printed Name of Supervisor**

\_\_\_\_\_  
**Signature of Supervisor**

\_\_\_\_\_  
**Date**