



Student Employee - Statement of FERPA Understanding

I understand that by the virtue of my employment at the University of West Georgia, I may have access to records which contain individually identifiable information, the disclosure of which is prohibited by the **Family Educational Rights and Privacy Act of 1974**.

I acknowledge that I fully understand that the intentional disclosure by me of this information to any unauthorized person could subject me to criminal and civil penalties imposed by law.

I further acknowledge that such willful or unauthorized disclosures also violates University of West Georgia's policy and could constitute just cause for disciplinary action, including termination of my employment regardless of whether criminal or civil penalties are imposed.

**I have reviewed the FERPA Guidelines for Student Employees.
I understand its terms and legal effects.**

Student Employee Name Print

Student ID# (917xxxxxx)

Student Employee Signature

Date

Supervisor Name (Print)

Department/Organization

Supervisor Signature

Date