

## STUDENT WORKER STATEMENT OF UNDERSTANDING OF THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT

I understand that by the virtue of my employment with Brevard College under the Work-Study Program, I may have access to education, medical and/or financial records containing personal identifiable information (written and/or verbal) about current and former students, the unauthorized disclosure of which is prohibited by the Family Educational Rights and Privacy Act of 1974 (FERPA). I have read and understand the FERPA Policy Statement of Brevard College.

I understand that my failure to abide by these policies and procedures related to confidentiality of information could subject me and the College to legal liability, and could result in disciplinary action including termination of my employment.

Student Signature \_\_\_\_\_

Student Name (Please Print) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Local Phone Number (dorm or off campus #) \_\_\_\_\_

This document is to be signed in the presence of your Supervisor at the time you complete your Work Study Contract.

A copy of this document will be retained in your student file in the Financial Aid Office.