

UNIVERSITY OF JAMESTOWN

Confidentiality Form

I, _____, as a full or part-time employee or student worker at University of Jamestown have read and understand the Confidentiality Policy as outlined below. I agree to comply with this policy. I will exercise caution in handling confidential student record information, including, but not limited to FAFSAs and FAFSA results, student reports, memos, grade point average information, and computer displays.

I understand that violation of this agreement may constitute a basis for termination of my employment.

Date Signature

I have reviewed the Confidentiality Policy with the above employee.

Date Supervisor's Signature

Confidentiality Policy

Student records must be maintained in strict confidentiality. All students are protected by the Federal Family Educational Rights and Privacy Act (20 U.S.C. Sections 1231 et seq.).

No University of Jamestown employee or student worker may release confidential information without having a signed release form in hand. Limited confidential information may be released to other departments such as Admissions and the Business Office on an as needed basis. Failure to comply with the requirements of this policy may result in disciplinary action, including termination from employment.