

APPENDIX 3.6.2.1: AGREEMENT TO ABIDE BY FERPA REGULATIONS

I understand that by the virtue of my employment with Fontbonne University I may have access to records that contain individually identifiable information, the disclosure of which is prohibited by the Family Educational Rights and Privacy Act of 1974. I have read and understand Fontbonne University's Institutional FERPA policy. 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 disclosure also violates Fontbonne University's policy and may result in disciplinary action, up to and including termination of employment.

Employee's name (print): _____

Position: _____

Employee's signature: _____

Date: _____
