Federal Work-Study Program
Family Education Rights and Privacy Act (FERPA)

I, ____________________________________________________________ (print name),
understand that in my capacity as a student employee at the University of La Verne whether as
a full-time, part-time, work-study student or otherwise, I may have access to confidential and
private records of other students, faculty and staff and/or pertaining confidential and private
records of other students, faculty and staff and/or pertaining to the university. I understand
that under federal law and university policy, student records are protected from disclosure to
third parties unless pursuant to narrow exceptions and that other confidential records must not
be disclosed. I understand that I only have access to student information if it is directly related to
my assigned duties. I understand that by accessing student records for personal reasons I will
be violating FERPA regulations and henceforth federal law.

I agree to maintain the confidentiality and privacy of all such records during and after my
period(s) of employment at the University of La Verne. I shall not, directly and indirectly,
communicate to any person other than my supervisor, or an individual approved by my
supervisor, any information concerning such records.

I understand that unauthorized access or disclosure of any student information will result in
immediate termination, prohibition of future employment and/or for dismissal from the
University of La Verne.

Unauthorized access or disclosure of any student information will result in immediate dismissal
from your job. Even a seemingly minor disclosure of information, such as disclosing a student’s
class schedule to another student or to a parent, is a violation and will result in punitive action.

If you have questions about disclosure of any information, please consult with your supervisor
or contact the Office of the Registrar. Further information can be located on the Office of the
Registrar Web Page at http://sites.laverne.edu/Registrar/student-information/ferpa . We
encourage you to familiarize yourself with the University of La Verne FERPA statement.

__________________________________________
Signature

__________________________________________
Student ID Number

__________________________________________
Date