



**STATEMENT OF UNDERSTANDING OF THE
FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)**

I understand that by the virtue of my employment with the Financial Aid/ Student Employment Department at the University of Massachusetts Dartmouth, 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 (FERPA) of 1974. I acknowledge that I have fully reviewed the University's FERPA policies found at www.umassd.edu/registrar/ferpa-faq/ and my access to student information is to be limited to the confines of the work environment and is never permitted outside designated office areas. 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 UMass Dartmouth's policy and could constitute just cause for disciplinary action including termination of my employment regardless of whether criminal or civil penalties are imposed.

Employee Name (Print)

Student ID

Employee Signature

Date

As supervisor of the above-named student, I affirm that proper training in the use of all systems and the handling of information which will be available has been provided. I confirm that the student will be using the system under direct supervision in specified office areas. I further acknowledge that I understand my responsibility to inform Computing & Information Technology Services (CITS) Access Management when the student employment is terminated or when access should be removed.

Supervisor Name (Print)

Title

Supervisor Signature

Date