



STUDENT EMPLOYEE CONFIDENTIALITY STATEMENT

LAST NAME

FIRST NAME

STUDENT R-NUMBER

ADDRESS

CITY, STATE, ZIP

I understand that by the virtue of my employment at Rollins College, I may have access to student records which contain individually identifiable information; thus, the disclosure of the information is prohibited by the Family Educational Rights and Privacy Act of 1974 (FERPA). In addition, I also may have access to other confidential college records.

I acknowledge and understand that disclosing the information in these records to any unauthorized person could subject me to disciplinary review including termination and referral to the Office of Community Standards & Responsibility.

DATE

STUDENT SIGNATURE