

**STUDENT WORKER STATEMENT OF UNDERSTANDING OF THE FAMILY  
EDUCATION RIGHTS AND PRIVACY ACT**

I understand that by the virtue of my employment with Medaille College, I may have access to records which contain individually identifiable information, the disclosure of which is prohibited by the Family Education Rights and Privacy Act of 1974. 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 college policy and could constitute just cause for disciplinary action including termination of my employment regardless of whether criminal or civil penalties are imposed.

Date Signed: \_\_\_\_\_

Employee's Signature \_\_\_\_\_