

**Cazenovia College**

**Employee/Work – Study/Student Employee**

**Statement of Understanding of the Family**

**Educational Rights and Privacy Act**

**(Buckley Amendment)**

I understand that because of my employment with Cazenovia College, I may have access to student educational, financial, and employment records that contain individually identifiable information, the disclosure of which is prohibited by the Family Educational Right and Privacy Act of 1974 (FERPA).

I acknowledge that I fully understand that disclosure by me of this information to any unauthorized person could subject me to criminal and civil penalties imposed by the FERPA law. I further acknowledge that any such willful or unauthorized disclosure also violates the Cazenovia College policy on privacy rights for students and could constitute just cause for disciplinary action, including termination of my employment, regardless of whether or not criminal or civil penalties are imposed.

By signing this document, I agree to keep all student records of all kinds, student information, and any all student files confidential. I will not disclose any type of student information or records to any unauthorized person while working for Cazenovia College, or after my employment at the College.

**Circle one: Faculty**

**Employee (non-faculty)**

**Student**

\_\_\_\_\_  
Employee/Student Name (printed)

\_\_\_\_\_  
Employee/Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date