

STUDENT EMPLOYEE CONFIDENTIALITY STATEMENT

As a student employee of the University of Northern Iowa, you may have access to restricted confidential information and technology including: financial information, student records, student lists, and/or similar data. To accept employment at the University of Northern Iowa is to accept the significant responsibility to preserve the confidentiality of this information according to the policies of the university and federal or state law. Failure to adhere may result in termination of employment and legal recourse. All student records are protected by the Family Educational Rights and Privacy Act (FERPA) as outlined by the U.S. Department of Education (www.ed.gov).

General FERPA

Passed in 1974, FERPA protects the privacy of students and their information. All records and information is owned by the student. This includes financial, academic, payroll, and advising records. This information cannot be shared, even with families of the student unless explicit consent is provided.

It is policy to never to discuss confidential information with unauthorized people outside of the work setting. Confidential information is never given out to third parties. If you have any question or are unsure of how to handle any information or request, you agree to discuss the situation with your supervisor.

You are permitted to share directory information as listed on the University Directory. Requests for any information that is not listed on the University Directory website should be referred to the Registrar’s Office. It is the University’s policy not to give out lists of students to outside entities by major, by grade, or otherwise.

It is expected that all employees maintain a professional, courteous attitude as they work with student records and requests for information.

I have been informed of the policies concerning release of confidentiality information in the University of Northern Iowa and I understand and accept my responsibility to preserve the confidentiality of this information. I also agree not to share any Username and Passwords for University systems to unauthorized parties.

Signed: _____ Date: _____

(Print Name): _____

Please return this form to your supervisor. This form will be maintained in your employing department.