



GRADUATE ASSISTANT CONFIDENTIALITY STATEMENT

I, _____, understand that information in the _____ is confidential and may not be divulged to anyone except the person who owns the information; those faculty, staff, or administrators who have need to know; and those individuals or agencies who fulfill the requirements under the Federal Educational Rights and Privacy Act of 1974, as Amended (FERPA). If I release information that I shouldn't or discuss confidential information outside of the office, I understand that I will be discharged immediately.

I have read the above and agree to maintain the confidentiality of all information that I have access to through this office.

Signature

Date

Witnessed by (Supervisor's Signature)

Date