

# STATE UNIVERSITY OF NEW YORK AT POTSDAM

## Employee Statement of Understanding of the Family Educational Rights and Privacy Act

Security and confidentiality of student educational records are a matter of concern for all individuals who have access to files or computerized data bases maintained by SUNY Potsdam offices. Any data base containing student data may be covered in part or in whole by the Family Educational Rights and Privacy Act of 1974.

The Family Rights and Privacy Act (FERPA) was enacted to protect the privacy of students and their education records. Each person working with education records in any format, including handwritten, print, type, film, electronic materials, etc., holds a position of trust and must recognize the responsibility of preserving the security and confidentiality of the information. As a representative of SUNY Potsdam, you are expected:

- To read the FERPA information available on the Office of the Registrar website: [www.potsdam.edu.REG](http://www.potsdam.edu.REG).
- To keep personal passwords private. Passwords are not to be written down or shared with others.
- Always to sign off from access to Banner/BearPAWS when leaving the immediate area.
- Not to allow any operator to use a computer which has been signed on under any other operator's user ID and password.
- Not to make or permit unauthorized use of any information in the computer or hard copy files.
- Not to seek personal benefit or permit others to benefit personally by any confidential information which has come to them through their work assignment(s).
- Not to include knowingly or cause to be included in any record or report a false, inaccurate, or misleading entry.

I have read the FERPA information on the Registrar's website. I understand that by virtue of my employment with SUNY Potsdam, I may have access to records which contain individually identifiable information, the disclosure of which is prohibited by the Family Educational Rights and Privacy Act. 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 SUNY Potsdam policy and could constitute just cause for disciplinary action.

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

Print Name \_\_\_\_\_