

**AGREEMENT BY STUDENT EMPLOYEE TO MAINTAIN CONFIDENTIALITY AND PRIVACY OF RECORDS
PERTAINING TO STUDENTS, FACULTY, STAFF AND UNIVERSITY**

I understand that, by virtue of my employment with _____ (department/office) at the University of Missouri (the "University"), I may have access to private and confidential records of other students at the University, including student education records which contain personally identifiable information pertaining to one or more students. Under the federal Family Educational Rights and Privacy Act ("FERPA") and University policy, student education records are protected from disclosure to third parties unless the disclosure is authorized under narrow exceptions. Accordingly, I agree to maintain the confidentiality and privacy of all such records during and after my period of employment at the University. I acknowledge that any unauthorized disclosure by me in violation of FERPA and University policy may constitute just cause for disciplinary action, including termination of my employment, prohibition of future employment, dismissal from MU and other disciplinary sanctions.

I also understand that I am only authorized to access those student education records in which I have a legitimate educational interest, based on the responsibilities and duties of my position as described by my supervisor. Any access to student education records other than those in which I have a legitimate educational interest is a violation of University policy and may constitute just cause for disciplinary action, including termination of my employment, prohibition of future employment, dismissal from MU and other disciplinary sanctions.

Furthermore, I have read and understand the following University policies and have successfully completed and passed the online FERPA tutorial and quiz.

- Collected Rules and Regulations 180.020 Student Records
- Faculty Council: Student Academic Records (Article X)
- Family Educational Rights and Privacy Act (FERPA) of 1974

Student Employee Name (Please Print) _____

MU ID Number _____

Signature _____

Date _____

Please provide a copy to the student, scan and e-mail the completed and signed form to myZou@missouri.edu, and maintain original in the department's files.