



University of Wisconsin-Stevens Point
Stevens Point, WI 54481
715-346-4100

**STUDENT WORKER—
Statement of FERPA Understanding**

Last Name

First Name

Student ID Number

Address

City, State, Zip

I understand that by the virtue of my employment at the University of Wisconsin-Stevens Point, 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 of 1974**. 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 University of Wisconsin-Stevens Point policy and could constitute just cause for disciplinary action including termination of my employment regardless of whether criminal or civil penalties are imposed.

Date

Student Worker Signature