



Statement of Confidentiality of Student Records

Name: _____ Title: _____ Dept.: _____

Data Access needed: _____

For Purpose of: _____

In accordance with the Federal Family Educational Rights and Privacy Act (FERPA), you are required by law to protect the confidentiality of all aspects of student records. The sharing of student information with any unauthorized persons is prohibited. Student information can be released to Heritage University employees only when it is the academic best interest of each student.

In accordance with FERPA, the following information is public: name, current enrollment, address, telephone number, dates of attendance, major, honors, degree(s), full-time or part-time, and photographs. Students have, however, the option to declare specific public information as confidential.

Any unauthorized alteration, defacement, or mishandling of student records, whether the physical document or the computerized record, is also prohibited.

In addition, student employees should not have access to student files which contain confidential information without appropriate training and direct supervision by an authorized employee.


Signing this indicated that you have read, had training and understand the above.

Signature of person handling student records



_____ Date

Signature of Supervision



_____ Date

CC: Employee
Supervisor