

## Student Information System Confidentiality Agreement

University employees, whether staff, faculty, student employee, affiliate, or temporary employee, may need to access student data to fulfill employment responsibilities. It is important to understand that the Family Educational Rights and Privacy Act (FERPA) protects student data from unlawful use and disclosure. To further understand FERPA, and what you will be agreeing to below, it is highly recommended that you review both the University's on-line FERPA training guide and the University's interpretation of FERPA.

It is also expected that employees will also become familiar with the University's Acceptable Use of Computing Information and Technology Resources policy and that employees will be responsible for keeping their passwords secret and that they will not use anyone else's password to access student information

I understand that by virtue of my employment at Case Western Reserve University, 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 as Amended. I acknowledge that student information from any source and in any form is confidential and is available to me solely for the performance of my official duties as a Case employee or affiliate. I shall protect the privacy and confidentiality of student information to which I have access and shall use it solely for the performance of my official duties. I agree NOT to access information about students outside of my unit of responsibility. I further acknowledge that I fully understand that the disclosure by me of this information to any unauthorized person, could subject the University to sanctions imposed by the Secretary of the United States Department of Health, Education and Welfare.

I further acknowledge that such willful or unauthorized disclosure also violates Case Western Reserve University's policy and may constitute grounds for disciplinary action in accordance with the processes delineated in the faculty handbook (for members of the faculty) or general university policies (for all other individuals). By checking the box below, I agree that I have read, understand and will comply with this agreement.

Failure to comply with this agreement will result in disciplinary action regarding my employment at Case and/or civil or criminal legal penalties. By signing this, I agree that I have read, understand and will comply with this agreement.

I have read, understand and comply with this agreement.

Signature:

Print Full Name:

Date:

Add Change Delete

Today's Date

Primary Role

 Faculty

Select One.

 Staff

Network ID

Case IDs consist of three letters, optionally followed by numeric digits.

Empl ID

An employee can find his/her EmplID in the HCM System on the Time Entry screen or the Payroll Information screen.

Requester Name

Requestor Ph Number

Requestor Email

Academic Org. (Department) i.e. Astronomy, Bioethics, Math

Supervisor Name

Please print supervisor name.

Supervisor signature

Please have your supervisor sign completed form after printing and before faxing it to the Registrar's Office.

Upon completion please print and fax this form to 216-368-4633.