



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 passphrases secret and that they will not use anyone else's passphrase 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).

Last Name:	<input type="text"/>	First Name:	<input type="text"/>
Network ID:	<input type="text"/>	Signature:	<input type="text"/>

To submit form, please email to sissecurity@case.edu or fax to 216-368-8711.