

OFFICE NAME _____
Norfolk State University
700 Park Avenue, Norfolk, VA 23504

STATEMENT OF CONFIDENTIALITY

Student: Please indicate your understanding of each statement by your initials.

I, the employee whose name appears below, understand that:

_____ as an employee of Norfolk State University and a staff member of an office falling under the purview of the _____, I may have access to or be exposed to confidential information by various means.

_____ I am not to duplicate, repeat, or forward confidential information other than as required during the performance of my assigned duties. In the course of performing my assigned duties, information may be disclosed only to permanent staff members or internal offices on a need-to-know basis. The exception to this statement is the disclosure of information to external agencies, or their representatives, to whom this university reports at the institutional, state, or federal levels. Such agencies must provide written requests for information to include an explanation of its intended use.

_____ I understand that disclosure of information contained in student records, other than as prescribed above, is prohibited by the Family Educational Records Privacy Act (FERPA) and university policy.

_____ **by signing below I certify that I understand and agree to abide by each of the statements listed above. I further understand that my failure to abide by the policies contained in the statements above makes me subject to any or all of the following penalties:**

- Disciplinary actions
- Loss of employment
- Criminal charges

This statement shall become effective upon the date of my signature.

Printed Name _____

Signature _____

Date _____

Original: Student's file
Copy: Student member