



Office of Financial Aid
2900 Bedford Avenue
Brooklyn, NY 11210

**AGREEMENT BY STUDENT EMPLOYEE TO
MAINTAIN CONFIDENTIALITY AND PRIVACY OF RECORDS
PERTAINING TO STUDENTS, FACULTY AND STAFF**

I understand that in my capacity as a student employee at Brooklyn College, whether as a full-time, part-time, work-study student or otherwise, I may have access to confidential and private records of students, faculty, staff, and applicants for admission or employment. I understand that I am not permitted to discuss or share this information with other students, friends, family, or other employees. I understand that under the policies of the The City University of New York, as well as Federal and State privacy laws, these records are protected from disclosure to third parties unless pursuant to narrow exceptions. Student records in particular are protected by The City University's Student Records Access Policy and the United States Family Educational Rights and Privacy Act (also known as "FERPA" and the "Buckley Amendment").

I understand that if as part of my job responsibilities I am supposed to release information regarding students, faculty, staff, or applicants for admission or employment, I will receive specific written instructions from my college supervisor. I understand that I must ask my college supervisor for instructions if I have any questions about the release of information regarding any student, faculty or staff member, or applicant.

I agree to maintain the confidentiality and privacy of all records of students, faculty, staff, and applicants, during and after the period of my employment. I shall not, directly or indirectly, communicate to any person other than my supervisor or his or her superiors, or an individual approved by my supervisor, any information concerning such records. I understand that any such prohibited disclosure may be grounds for termination of my employment, denial of future employment, and possible student disciplinary action including suspension or expulsion.

I have read and understand my responsibilities as stated under the Family Educational Rights and Privacy Act Non-Disclosure Agreement.

Signature

Print Name

Date

Office/Department