

**STATEMENT OF UNDERSTANDING OF THE FAMILY
EDUCATIONAL RIGHTS AND PRIVACY ACT**

I understand that by virtue of my employment responsibilities at SUNY Plattsburgh, I may have access to records which contain identifiable information about former or currently enrolled students, the disclosure of which is prohibited by the Family Educational Rights and Privacy Act of 1974. I acknowledge that I fully understand the intentional disclosure by me of this information to any unauthorized person, could subject me to criminal and civil penalties imposed by law. I further acknowledge that such willful or unauthorized disclosure also violates Plattsburgh's policy and could constitute just cause for disciplinary action including termination of my employment regardless of whether criminal or civil penalties are imposed.

Student's Signature

Date

Supervisor's Signature and Title

Date