



University of WI-Stevens Point  
Stevens Point, WI 54481  
715-346-4100

**STUDENT WORKER—  
Statement of FERPA Understanding**

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Last Name

First Name

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Student ID Number

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Address

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City, State, Zip

I understand that by the virtue of my employment at the University of WI-Stevens Point, 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**. I acknowledge that I fully understand that 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 University of WI-Stevens Point policy and could constitute just cause for disciplinary action including termination of my employment regardless of whether criminal or civil penalties are imposed.

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Date

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Student Worker Signature