

# **Rust College Office of Financial Aid**

Work Study Program

150 Rust Avenue, Holly Springs, MS 38635

vgulledge@rustcollege.edu

Phone (662) 252-8000

Ext. 4064

Student Name \_\_\_\_\_

Please Print

Student ID # \_\_\_\_\_

## **Statement of Privacy Adherence**

### **Student Worker Statement of Understanding of the Family Educational Rights and Privacy Act**

I understand that, by the virtue of my employment with the \_\_\_\_\_ (office) at Rust College, I may have access to records which contains individually identification information, the disclosure of which is prohibited by the Family Educational Rights and Privacy Act (FERPA) (20 U.S.S. § 123g; 34CFR Part 99).

I acknowledge that I fully understand that the intentional disclosure by me of this information to any authorized person could subject me to criminal and civil penalties imposed by law. I further acknowledge that such willful or unauthorized disclosure also violates Rust College's policy and could constitute just cause for disciplinary action including termination of my employment regardless of whether criminal or civil penalties are imposed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Work Study Coordinator