**Student Confidentiality Agreement**

I understand my responsibility for the protection of the confidentiality of student records.  I understand that all information generated by **[DEPARTMENT OR DATA SOFTWARE USED]** is considered confidential and sensitive. All information generated by this program falls under UH IT Security and Administration Policy of the University of Houston ([http://www.uh.edu/infotech/policies/#](http://www.uh.edu/infotech/policies/)). The release of educational records is governed by the policies found in FERPA guidelines of the University of Houston:

<http://www.uh.edu/legal-affairs/general-counsel/ferpa/> and <http://tinyurl.com/gkucv35>

I assume full responsibility for my own actions as it concerns the protection of confidential data. I understand that inappropriate use of **[DEPARTMENT OR DATA SOFTWARE USED]** is subject to disciplinary actions up to, and including, termination.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PSID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please select position type:

\_\_\_ Staff

\_\_\_ Faculty

\_\_\_ Student worker (Completed FERPA training – Yes \_\_ or No \_\_)

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**Approved and granted access by Department Staff**

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Access \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date \_\_\_\_\_\_\_

Type of Access Granted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please submit signed form to [CONTACT INFORMATION]**