HILLSBOROUGH
Community College

Part 1: Please Print

Employee name:_____ _____ _____
LAST FIRST M.I.

E-Mail:_____ Office Phone:_____

Position:_____ Department:_____

- ☐ Staff
- ☐ Faculty
- ☐ Administrator

Part 2: FERPA (Confidentiality Statement)

Along with the right to access information regarding students at Hillsborough Community College comes the responsibility to maintain the rights of students, particularly as outlined in the Family Educational Rights and Privacy Act of 1974 (FERPA) and F.S. 1002.22. The College catalog and Student Handbooks state the policy regarding student records and our obligation to protect the privacy of student records. Student records are only open to the members of the faculty and staff who have a legitimate educational need to know their content in order to fulfill their professional responsibility. However, these individuals also have a responsibility to maintain the confidentiality of these records.

I acknowledge that I fully understand that intentional disclosure of this information by me 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 Hillsborough Community College's administrative policy and could constitute just cause for disciplinary action including termination of my employment regardless of whether criminal or civil penalties are imposed.

I acknowledge that as an employee, I will not modify, update, or disclose student records for myself or any family member or any unauthorized person. I understand that such action could constitute just cause for disciplinary action including termination of my employment. I also acknowledge that I may review an educational record in order to fulfill my professional responsibility.

I have read the above and agree to maintain the confidentiality of student records at HCC.

_____ _____
Employee Signature Date