

Statement of Understanding of the
Family Educational Rights and Privacy Act

I understand that by virtue of my employment with the Registrar's Office at Francis Marion University, 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 disclosures also violate FMU's policy and could constitute just cause for disciplinary action including termination of my employment regardless of whether criminal or civil penalties are imposed.

Employee's Signature:

Date:
