

**Baker University – Baldwin City Campus**  
**Student Worker — Statement of FERPA Understanding**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Local Mailing Address (check one):

I currently live on campus at: \_\_\_\_\_

I currently live off campus at: \_\_\_\_\_  
Street Address City State Zip

*I understand that by the virtue of my employment with*

\_\_\_\_\_

(office name)

*at Baker 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 disclosure also violates Baker University's policy and could constitute just cause for disciplinary action including termination of my employment regardless of whether criminal or civil penalties are imposed.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_