

EMPLOYEE CONFIDENTIALITY/TRAINING VERIFICATION AGREEMENT

I understand that through my employment at The University of Tennessee at Chattanooga, I have access to records that contain personally identifiable or non-public personal information. Disclosure of such information is prohibited by the Family Educational Rights and Privacy Act of 1974 and the Gramm-Leach Bliley Act. I acknowledge that I fully understand that disclosure 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 violates Federal Law, policies of the State of Tennessee and UTC and could constitute just cause for disciplinary action including termination of my employment regardless of whether criminal or civil penalties are imposed.

Educational records and information that **MAY NOT BE RELEASED** to any other party include any or part of the following:

- Class schedule
- Grade point average (GPA)
- Grades
- Social Security number
- Academic standing
- Hours earned
- Hours enrolled
- Date of birth
- Gender
- Religious preference
- Citizenship

Directory information that **MAY BE RELEASED** (*unless the student has requested otherwise by completing a "Do Not Release" form in the Records Office*) generally includes the following:

- Name
- Address
- Telephone
- UTCID
- UTC Email
- Major fields of study
- College
- Classification
- Enrollment Status
- Participation in officially recognized activities and sports
- Weight and height of athletic team members
- Dates of attendance
- Degrees and awards received
- Dates of degrees
- Most recent previous education agency or institution attended by the student

Non-public personal financial information **MAY NOT BE RELEASED**. Non-public personal financial information is any record that an institution obtains from a customer in the process of offering a financial product or service, or such information provided to the institution by another financial institution.

Print Employee's Name

Department

I acknowledge the legal responsibility of maintaining the confidentiality of all the information in student records. I will not provide confidential information to any unauthorized UTC employees, students, or any third party without the written consent of the student. Only authorized individuals with a "legitimate educational interest" or the student may have access to this information.

Training (Indicate Preference) **Online:** _____ **In-Person: (Indicate Date)** _____

I further agree that I will maintain the confidentiality of any assigned passwords.

Employee Signature

Date

UTC Email

I support this request for access to the student information system.

Supervisor's Signature

Date

I verify that FERPA, Faculty, Advisor, Override, Staff, Limited Staff training has been successfully completed.

Trainer's Printed Name & Signature

Date