



# FERPA Form for Non-Student System Users

Office of the Registrar, University of Memphis, 003 Wilder Tower

**Complete this form; retain a copy in your department and submit the original to the Registrar's Office, 003 Wilder Tower.**

## **FERPA (Family Educational Rights and Privacy Act) - Acknowledgement of Responsibility for Regulations Regarding the Confidentiality of Student Records and Security of Access Codes**

As a student of the University of Memphis, I am aware that the data and materials to which I may have access are to be treated in a professional and confidential manner. I agree that I will not disclose or cause to be disclosed any such confidential information gained in the course of my research at any time. Such information includes, but is not limited to student records for which I have access.

I certify that I am aware of University Policy AA3022, entitled "Privacy of Education Records," regarding the confidentiality of student records and the improper release of information and the improper alteration or destruction of a student record. I will comply with all requirements of this policy. I will not access information that is not specifically related to my assigned work/research.

I am aware that any breach of the confidentiality of this material or any abuse of my position, including but not limited to alteration of records, destruction of records or other similar acts, may result in disciplinary action and may constitute a basis dismissal from the University.

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**U-Number:** **U** \_\_\_\_\_

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

**Type of Employee (if Applicable):** \_\_\_\_\_

**Office Phone #:** \_\_\_\_\_

**Supervisor or Chair's Name:** \_\_\_\_\_

**Supervisor or Chair's Signature Required:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_

**User's Signature Required:** \_\_\_\_\_