

**ORAL ROBERTS UNIVERSITY  
FERPA ACKNOWLEDGEMENT FORM**

I, \_\_\_\_\_, accept and agree to abide by the Privacy and Release of Student Information Policy and Procedures. I realize that by signing this statement, I have been advised that all information pertaining to a student that is maintained by Oral Roberts University via computer or any other method is part of the student's education record and thus protected by The Family Educational Rights and Privacy Act (FERPA). Disclosure to unauthorized parties violates FERPA. I understand that I may only access that information needed to complete my assigned or authorized task and that this information may only be communicated to parties authorized to have access in accordance with the provisions of FERPA.

Listed below are examples of information that should not be disclosed unless authorized:

- Grades
- GPA
- Addresses and phone numbers
- Class schedules
- Financial aid information
- Student account information

When inquiries are made concerning a student with a "Confidentiality" flag, a proper response would be, "We have no information concerning this individual."

I understand that inappropriate disclosure of a student's educational record is grounds for disciplinary action up to and including dismissal regardless of whether criminal or civil penalties are imposed. Questions regarding this policy or procedure should be directed to my immediate supervisor or the Registrar's Office.

\_\_\_\_\_  
Employee Name (print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date