

Illinois Wesleyan University
Student Employment
Statement of FERPA Understanding

This form should be completed and returned to your supervisor prior to beginning employment.

Name (First, Last) _____ Student ID# _____

IWU email _____ Phone _____

I understand that by the virtue of my employment with _____
(office or department) under the supervision of _____ at Illinois
Wesleyan University, I may have access to records which contain personally 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 Illinois Wesleyan 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

As the student's supervisor, I confirm that the student has completed and returned the Statement of
FERPA Understanding to me prior to beginning employment.

Supervisor Name (please print) Dates of Employment

Supervisor Signature Date

Supervisor Instructions: This form should be returned to the Registrar's Office. Please retain a copy of
this form for yourself for the duration of the student's employment period.

Online Training Requirement: Student employees are required to complete a short on-line FERPA
training module. When the form is received in the Registrar's Office the online FERPA training will be
opened for the student. The Student will receive an email notification and will have one week to
complete the training. If the training is not completed within one week, the supervisor and the student
will be notified and the employment must stop until the training is complete.