



# Wayne County Community College District

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District Office  
801 W. Fort Street  
(313) 496-2865  
(313) 963-8568 fax

Financial Aid

## Student Employment Confidentiality Acknowledgement

As a student employee working with student records, I hereby acknowledge I am responsible for following the WCCCD's policy regarding confidentiality. The WCCCD has guidelines below which are based on the U.S. Federal Law called the "FAMILY EDUCATION RIGHTS AND PRIVACY ACT" of 1974 (FERPA). Pursuant to FERPA guidelines, certain student information may not be released without the expressed written consent of the students.

### Legal Authority to Release Information

The law is in place to protect students' privacy and permits the limited use of student information for WCCCD business, or use by authorized agencies for specified purposes. Because WCCCD maintains data and records that are essential to performing District business, all data pertaining to WCCCD business and students are valued resources in which WCCCD has both the right and responsibility to manage, secure, and control. This statement of confidentiality secures and protects all administrative data accessible to WCCCD employees in their official capacity.

### Student Employee Access to Information

I acknowledge that as a student employee I will be granted access to confidential information and I am aware that data should be treated in a professional and confidential manner. Use of confidential information should be restricted to official internal business only and may be disclosed to any third party.

### Supervisor Approval

I fully understand that with the approval of the supervisor within my area, student information may only be released to WCCCD personnel for legitimate educational purposes. I will not release educational records, class schedule, address, or telephone number for non-WCCCD use. I acknowledge it is my responsibility to check with my supervisor before releasing any other information about WCCCD students, faculty, or staff, or if I received a questionable request for information.

### Access and Release of Information

I further acknowledge that access to administrative data at WCCCD is to be granted only to those WCCCD employees who must, in the course of exercising their job duties, use the specific information. I understand that with special authorization, student employees may access data only if the data pertains to the respective student or if that student is an employee of WCCCD. I am aware that all WCCCD personnel are required to respect the confidentiality of students and of all data processed. I am also aware that employees are expressly required not to divulge any such information available to them as a result of the employment or affiliation with WCCCD – and violations of security and confidentiality standards are punishable by law.

I acknowledge that it is my responsibility to check with my supervisor before releasing any further information about WCCCD students, or if I receive a questionable request for student information.

I have read and understand the above statements. I realize that violations of this policy may be grounds for dismissal from my employee in the Financial Aid Office and or my FCWS program or disciplinary action.

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Student Name (Please print)

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Student Signature

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Today's Date

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Student ID Number