

Instructions

After watching the [FERPA online training](#), complete the following steps:

1. Print this file. It contains the FERPA Quiz, the Banner Student System Account Request form, the Confidentiality Statement and the FERPA Statement of Understanding.
2. Take the online FERPA quiz and mark your answers on the paper copy include in this PDF file.
3. Complete the FERPA Statement of Understanding.
4. Complete Step One – Applicant Information and Step Three – Applicant Signature of the Banner Student System Account Request form. Leave the other steps blank.

Note: Leave “Home Labor Account” blank in Step One.

5. Read and sign the Confidentiality Statement.
6. Turn in the following forms to your Department Chair’s office:

____ Completed FERPA Quiz

____ FERPA Statement of Understanding

____ Banner Student System Account Request form

____ Confidentiality Statement

Family Educational Rights and Privacy Act (FERPA) Quiz

This quiz is intended to provide a review of general information about FERPA and to acquaint faculty and staff with some of the privacy issues surrounding students' educational records. It is not intended as, nor is it a substitute for, legal advice on any particular issue. Mark each statement True or False based on what you have learned about FERPA.

1. Both current and former students have the right to inspect their academic records.
 True False
2. Students must give written permission before directory information can be released.
 True False
3. Students have the right to opt out of having their information included in a directory.
 True False
4. Only information kept by the Registrar's office is considered an "educational record."
 True False
5. If a student accesses another student's grades through a professor's unattended Banner account, only the student is held accountable for this FERPA violation.
 True False
6. Professors are allowed to leave stacks of exams or papers on their desks for students to pick up.
 True False
7. Professors may post test grades using partial student ID numbers or Social Security numbers.
 True False
8. An advisor does not need a student's consent to discuss academic information, such as test grades, with a parent.
 True False
9. Student schedule information may be released to a parent to help locate a student in a family emergency.
 True False
10. The university does not need student permission to disclose violations of the campus drug and alcohol policy to parents of students under 21.
 True False

Print Name _____ Signature _____ Date _____

The University of Alabama in Huntsville
Banner Student System Account Request Form

Step One - Applicant Information:

Dr. First Name: _____
 Ms. Middle Name: _____
 Mr. Last Name: _____

Job Title: _____

Is your position full time or part time? Full-Time Part-Time

Department Name: _____ Office Phone Number: _____

Home Labor Account: (refer to your PAF) _____ Social Security Number: _____

Step Two - Applicant Role:

Which of the following closest match your role(s) with the University? Select all that apply.

<input type="checkbox"/> Dean	<input type="checkbox"/> Staff Assistant	<input type="checkbox"/> Senior Staff
<input type="checkbox"/> Department Chair	<input type="checkbox"/> Departmental Secretary	<input type="checkbox"/> Director
<input type="checkbox"/> Faculty/Advisor	<input type="checkbox"/> Administrative Advisor	<input type="checkbox"/> Researcher (or PI)
<input type="checkbox"/> Faculty Full-Time	<input type="checkbox"/> Graduate Teaching Assistant	<input type="checkbox"/> Staff
<input type="checkbox"/> Faculty Part-Time	<input type="checkbox"/> Student Assistant	

Step Three - Applicant Signature:

I consent to the monitoring of my use of these computing resources for the purposes of accountability and authorized use. I understand that I am subject to disciplinary action and/or criminal prosecution for unauthorized use. I have read, understood, signed and will comply with the University Computer and Network Use Policy and the University Confidentiality Statement.

Signature: _____ Date: _____

Step Four - Department Authorization:

I approve the requested access for this employee and understand it is my responsibility to have this account terminated when the applicant's employment is terminated or job functions no longer require access to these systems.

Signature: _____ Date: _____

Title: _____

Step Five: Return completed form to Enrollment Services (UC 118):
(Be sure to retain a copy of your completed request form for your records.)

Enrollment Services Use Only

I approve the requested access for this employee for the role of _____

Signature: _____ Date: _____

Title: _____

University of Alabama in Huntsville

Confidentiality Statement

Human Resource Information

The University of Alabama in Huntsville treats personal information about employees as confidential and respects the need for protecting each employee's privacy by enforcing secure information handling procedures on the part of all personnel whose job duties involve gathering, retaining, using or releasing personal information about the University's employees. The University collects and retains only such personal information as needed to effectively conduct business, maintain security and administer its employment and benefit programs. The University takes appropriate steps to ensure that personal and job-related information about employees is accurate, complete and relevant for its intended purpose. The University requires all personnel granted access to such information in order to carry out the functions of their job to strictly protect the confidentiality of information to which they may have access and to abide by this policy.

Student Information

Student information is made available to University employees for the sole purpose of carrying out their official University functions. Any other use is prohibited. The privacy of student information held by the University is protected by federal law (Family Educational Rights and Privacy Act of 1974 (FERPA)). Personally identifiable student information must be used with discretion by University employees in carrying out the functions of their jobs. Policies on the use and disclosure of student information are available from the Office of Counsel and the Office of Admissions and Records. Other than directory information, no student information may be released to a third party without the student's prior signed and dated written consent. Third parties include other students, non-University employees, University employees without a legitimate educational interest in the student record and the student's parents (with limited exceptions). Information may be shared with other University employees in the completion of job duties. Directory information includes the student's name, address, telephone number, e-mail address, date and place of birth, enrollment status, class schedule/class roster, major field of study, participation in officially recognized activities and sports, weight and height statistics of athletic team members, dates of attendance, degrees and awards/honors received, the previous educational institution most recently attended, and a photograph of the student. Students may request that directory information not be

disclosed to any third party. If such a request is made, the student's electronic record will be updated with a confidentiality flag indicating that no directory information may be released without the prior consent of the student.

Financial Information

The integrity of University records and financial reporting is critical to its on-going success. All assets, liabilities and transactions must be accurately and completely reported and supported by necessary documentation. All transactions must be authorized and executed in accordance with University policy and the instructions of management. Appropriate accounting and financial policies, procedures, controls and audit processes must be maintained. Financial reports which are made available to the University community, the Board of Trustees and the public must be prepared in accordance with generally accepted accounting principles as well as applicable laws and regulations.

Employees, regardless of their position in the organization, are required to follow internal policies and procedures designed to protect the integrity of University data and the confidentiality and privacy of all financial information. This includes adherence to procedures related to security of computer systems.

I have read this and understand this Confidentiality Statement and the University's Computer and Network Use Policy and agree to comply with the provisions of both. I further acknowledge that I understand that unauthorized disclosure of confidential information in violation of University policy could result in disciplinary action, including termination of my employment, regardless of whether criminal or civil penalties are imposed.

Name (Please Print)

Signature

Date

FERPA

Statement of Understanding:

Employee (UAH faculty/staff)

I understand that by virtue of my employment at The University of Alabama in Huntsville, I may have access (in the course of my duties) to student educational records containing individually identifiable information, the disclosure of which is prohibited by the Family Education Rights and Privacy Act of 1974 (FERPA).

Along with the right to access comes the responsibility to maintain the privacy rights of students. The University of Alabama in Huntsville catalog discusses policy regarding student records at UAH. Student records are available to members of the faculty, staff and students who have a legitimate educational need to know in order to perform their duties as employees of UAH. However, you do have a responsibility to maintain confidentiality. Directory information as defined by UAH can be released to the public. Grades, Social Security Numbers, financial information and class schedules should never be released to anyone other than the student.

I acknowledge that I fully understand that the disclosure by me of this information to any unauthorized person could subject the university to administrative sanctions for violating federal law. I further acknowledge that such unauthorized disclosure also violates UAH policy and could constitute just cause for disciplinary action including termination of my employment. I have read the above and agree to maintain the confidentiality of student records.

Signature: _____

Date: _____

Full Name [print]: _____

Department: _____

Campus Phone Number: _____

Supervisor: _____

Any Comments or Suggestions: _____