ACKNOWLEDGMENT OF SCCC/ATS's FAMILY EDUCATION AND RIGHTS PRIVACY ACT

I acknowledge that I have received the Seward County Community College/Area Technical School's Family Education and Rights Privacy Act (FERPA). I understand it is my responsibility to understand and abide by said policy.

I further understand that any violation of this Policy is unethical. Should I commit any violation disciplinary action and/or appropriate legal action may be taken.

Print Full Name: _____
First Middle Last

Date of Birth: _____ Department: _____
MM/DD/YYYY

Title: _____

_____
Employee's Signature ***Date***