



SUNY College of Technology

Financial Aid Office
10 Upper College Drive
Alfred, New York 14802

Student Employee Confidentiality Form

I understand that by the virtue of my employment with the _____ Office at SUNY College of Technology at Alfred, I may have access to records which contain individually 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 the SUNY College of Technology at Alfred's policy and could constitute just cause for disciplinary action including termination of my employment regardless of whether criminal or civil penalties are imposed.

DATE

EMPLOYEE'S SIGNATURE