

Rust College Office of Financial Aid

Work Study Program

150 Rust Avenue, Holly Springs, MS 38635
vgulledge@rustcollege.edu
Phone (662) 252-8000
Ext. 4064

Student Name _____
Please Print

Student ID # _____

Statement of Privacy Adherence

Student Worker Statement of Understanding of the Family Educational Rights and Privacy Act

I understand that, by the virtue of my employment with the _____
(office) at Rust College, I may have access to records which contains individually
identification information, the disclosure of which is prohibited by the Family
Educational Rights and Privacy Act (FERPA) (20 U.S.S. § 123g; 34CFR Part 99).

I acknowledge that I fully understand that the intentional disclosure by me of this
information to any authorized person could subject me to criminal and civil penalties
imposed by law. I further acknowledge that such willful or unauthorized disclosure also
violates Rust College'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

Date

Supervisor's Signature

Date

Work Study Coordinator