ACKNOWLEDGEMENT OF BRIEFING ON CONFIDENTIAL INFORMATION

I hereby acknowledge that the importance of information confidentiality was discussed with me by a department supervisor, as well as the following information concerning my obligations as an employee of an office which collects and/or maintains confidential information:

1) I understand that this obligation is both ethically and legally binding under the Family Educational Rights and Privacy Act and I have read the UIS Student Record Policy (available on the Office of Records and Registration’s website: www.uis.edu/registration).

2) I understand that parties outside of the University are generally prohibited from receiving the following information unless a signed release has been received from the student:
   (a) All student data, except that which is considered to be directory information (noting the exceptions outlined in the UIS Student Record Policy).
   (b) The content of any phone conversations and/or meetings one may overhear.

3) I understand that there may be exceptions to #2 for certain government auditors and for certain staff with a need to know. These requests should be cleared with the unit director (or designee) who is aware of the regulations in consultation, when appropriate, with the Registrar.

4) I understand that this confidentiality statement supplements and does not contradict other confidentiality statements that may be applicable.

__________________________________________  ________________________________
Staff Member’s Signature                      Date

__________________________________________  ________________________________
Supervisor’s Signature                        Date