

**Community College System of New Hampshire
26 College Drive
Concord, NH 03301**

I, _____ understand that by virtue of my employment at
(print name)

Nashua Community College I may have access to records which contain individually identifiable and confidential 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 CCSNH, policy and could constitute just cause for disciplinary action, up to and including termination of my employment, regardless of whether criminal or civil penalties are imposed.

EMPLOYEE'S SIGNATURE: _____ **DATE:** _____

I have read and understood the attached FERPA rules and regulations provided to me by my employer and agree to abide by them accordingly.

EMPLOYEE'S SIGNATURE: _____ **DATE:** _____

WITNESSED BY: _____ **DATE:** _____
Signature

Original to be sent to CCSNH Human Resources; copy to employee; copy to employee's supervisor