

University of North Dakota
ConnectND Student Administration System
Statement of Understanding of the Family
Educational Rights and Privacy Act

1. I understand that by obtaining access to the ConnectND Student Administration system, I may have access to records which contain individually identifiable student information, the disclosure of which is prohibited by the Family Educational Rights and Privacy Act of 1974, as amended (FERPA).
2. I agree that I will access private student information only as necessary to perform my officially assigned duties as an employee of the University.
3. I acknowledge that I fully understand that the intentional disclosure by me of this information to any unauthorized person violates FERPA and University of North Dakota policy and could constitute just cause for disciplinary action including termination of my employment.

I certify that I understand and agree to the above conditions. I also certify that I have completed the required FERPA training* and understand what information may or may not be disclosed.

Name: _____ EmplID: _____
(Print Legal Name – First, Middle Initial, Last)

Department: _____

Position Title: _____ Position number: _____

Signature: _____ Date: _____

Approved by:

Department Head: _____ Date: _____

*FERPA training online: <https://apps.ndus.edu/dptraining>

----- *Campus Access Control Officer Use Only* -----

Campus Access Control Officer: _____ Date: _____

FERPA Training Completed _____ Access Approved _____ Access Denied _____