

BINGHAMTON UNIVERSITY

OFFICE OF THE GRADUATE SCHOOL

Student Confidentiality Agreement

NAME: _____
(please print)

ID NUMBER: _____

DEPARTMENT/SCHOOL: _____

In accepting a position with the Graduate School for the _____ semester(s), I agree to the following terms and conditions:

1. The Family Educational Right to Privacy Act (Buckley Amendment) prohibits the disclosure of educational records to any parties other than the student, except under certain conditions. It is our policy that students working in this office will not release any such information, and that all requests for release be referred to the Assistant Dean of the Graduate School. I understand that failure to abide by this policy will result in the termination of my appointment in this office.
2. For the purposes of this agreement, "student information" includes the following: social security/ID number, grades and grade point average, financial information and course schedules. Additionally, any information about a student's standardized test scores is to be considered confidential.
3. Educational records may be accessed and used by graduate school personnel in the performance of their job responsibilities; however, there is to be no unnecessary access and if any of the information is anticipated to be released outside the office of university, such request must be referred to the Assistant Dean of the Graduate School for permission prior to any access or release.
4. All documents and records in the Graduate School are extremely important to individual applicants and enrolled students. It is the responsibility of all Graduate School personnel in the performance of their job responsibilities; however, there is to be no unnecessary access and if any of the information is anticipated to be released outside the office or university, such request must be referred to the Assistant Dean of the Graduate School for permission prior to any access or release.

Signed: _____ **Date:** _____