

Acknowledgment of Professional Confidentiality and Responsibility

This statement is to be signed by any person having access to student records.

Statement: As an undergraduate teaching assistant at Kennesaw State University, I am aware that student records are confidential and that I must keep them confidential. This statement is not intended to interfere with the normal operation of my duties as an undergraduate teaching assistant at Kennesaw State University.

Student records are maintained under the protection of the Family Educational Rights and Privacy Act of 1974, as amended. Although I will not have access to records beyond the course(s) specifically associated with my assistantship, it is important to note that all student data is protected, in particular, the current schedule of classes, hours enrolled, grade point averages, and specific grades in classes.

By my signature, I acknowledge that I am aware of the above named regulation.

Teaching Assistant's Name - (Please Print) Last, First, and Middle

Teaching Assistant's Signature

Date

KSU ID#

Birth date

Faculty Supervisor's Name

Department on Campus

Supervising Faculty Member's Signature, which implies approval

Date

Chair's Signature, which implies approval

Date