STUDENT DATA ACCESS AGREEMENT

This is to certify that I have read YOUR RESPONSIBILITIES UNDER THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974 and fully understand the legal requirements that accompany any access to student information. I am aware that allowing another individual to have access to my security code is in violation of the rights assigned to me with regard to student data. Furthermore, I will not allow any students to have access to the computers assigned to my area of responsibility without approval from the computer systems administrator.

I accept the responsibility to secure all student data available to me and realize that inappropriate access may result in complete loss of access rights.

________________________________________
NAME (Please print.)

________________________________________  ____________________
SIGNATURE       DATE