



## Confidentiality Agreement for Graduate Assistants

Student Name: \_\_\_\_\_

Student XID#: \_\_\_\_\_ Student email: \_\_\_\_\_

Name of Graduate Student Program: \_\_\_\_\_

I, \_\_\_\_\_, am a Graduate Assistant at Clemson University in the graduate program identified above. In this position, I understand that I have access to personally identifiable student education records which are considered confidential records under the federal law known as the Family Educational Rights and Privacy Act (FERPA). Therefore, I understand and agree to the following:

1. I have reviewed all of the FERPA educational materials contained on the Clemson University Registrar’s website at this link <https://www.clemson.edu/academics/advising/advisors/ferpa.html> and in the Clemson University Graduate Catalog found at <https://catalog.clemson.edu/>.
2. *I will not disclose personally identifiable student education records to individuals outside of Clemson University unless there is an articulable and significant threat to the health or safety of a student or other individual(s) and disclosure is necessary to protect the health and safety of the student or other individual(s). If a disclosure is required due to a health or safety emergency, I agree to follow the procedure set forth at <https://catalog.clemson.edu/>.*
3. If I receive a request for personally identifiable student education records from an individual or entity outside of Clemson University, I will refer all such requests to Mr. Cal Becker in the Office of the Registrar or Dr. Natasha Croom in the Graduate School.
4. I will only disclose personally identifiable student education records to individuals at Clemson University who are “School Officials” as defined in the Graduate School Announcements (<https://catalog.clemson.edu/>) AND who have a legitimate interest in those records which means the individual needs access to the records in order to perform his/her job.
5. If I have any questions about confidentiality requirements for Graduate Assistants, I understand that I can contact Dr. Natasha Croom in the Graduate School for assistance.
6. I understand that any failure to comply with this confidentiality agreement could result in disciplinary action including but not limited to losing my Graduate Assistantship position, suspension from Clemson University or expulsion from Clemson University.
7. I verify that I am at least 18 years of age.

I have carefully read this agreement and all links provided and agree to its terms by signing below.

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*