



Business Office

Confidentiality Form

2500 E. Nutwood Ave.
Fullerton, CA 92831 USA
(714) 879-3901
FAX (714) 681-7421

I, _____ SS# _____ / _____ / _____, as a full-time or part-time volunteer, student worker, or employee of Hope International University, have read and understand the Student Services' Confidentiality Policy as outlined below. I agree to comply with this policy. I will exercise caution in handling confidential student record information, including, but not limited to student reports, memos, grade reports, GPA information, computer terminal screen displays, etc.

I understand that violation of this agreement may constitute a basis for termination of my employment, and/or termination of my student status.

Date _____ Student Name (*sign*) _____

I have reviewed the Confidentiality Policy with the above student.

Date _____ Supervisor _____

Student records must be maintained in strict confidentiality. All students are protected by the Federal Family Educational Rights and Privacy Act (20 U.S.C. Section 1231 et seq.).

No volunteer, student assistant or nonsupervisory employee may release confidential information without discussing the request with his or her immediate supervisor first. Failure to comply with the requirements of this policy may result in disciplinary action, including termination from employment and /or loss of student status.