

RECEIPT OF POLICY ON RELEASE OF STUDENT INFORMATION

To be completed by all employees in the Office of the University Registrar, all permanent, full time and permanent, part time employees, and student workers hired to work on a long term basis

This is to acknowledge that I have received a copy of the "Office Policy on the Confidentiality of Student Records" for the Office of the University Registrar. I understand that it is my responsibility to read and follow the content of this policy.

Signed: _____ Date: _____