

University of Kentucky
College of Health Sciences
Confidentiality Agreement

I understand that by virtue of my role as an Intern or a Graduate Student in the University of Kentucky College of Health Sciences Office of Student Affairs, I will have access to records and information that contain educational records, nonpublic personal information and personally identifiable information; all of which are protected by the *Family Educational Rights and Privacy Act of 1974*.

I acknowledge that I fully understand that the intentional disclosure by me of this information to any unauthorized person could subject me to criminal and civil penalties imposed by law. I further acknowledge that such willful or unauthorized disclosure also violates the University of Kentucky's policy and could constitute just cause for disciplinary action. The University of Kentucky has established guidelines and procedures to protect covered information, such as its policies addressing information security and the release of student educational records, all of which are located at:

<https://registrar.uky.edu/ferpa>

This Confidentiality Agreement will be in effect throughout my service as an Employee, Intern, Graduate Student, Federal Work Study Student or Peer Mentor. Additionally, this obligation to maintain confidentiality survives after I leave the University of Kentucky or end my position as an Employee, Intern, Graduate Student, Federal Work Study Student or Peer Mentor.

Printed Name

Signature

Date