



Computer Use Policy For Student Record Access

I understand that by virtue of my employment with Southern State Community College, I may have access to records that contain individually identifiable information. I understand that I am to only access information when there is a legitimate educational need to know. I also understand that no information is to be released without the student's written consent unless the information is directory information as defined by Southern State Community College or as allowed 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 Southern State Community College's policy and could constitute just cause for disciplinary action including termination of my employment, regardless of whether criminal or civil penalties are imposed.

Name _____ ID# or last 4 four of SS# _____

Position at SSCC _____

Signature _____ Date _____

**Please return this form to the Records Office/100 Hobart Dr./Southern State
Community College/Hillsboro, OH 45133**

Computerized Student Record Access:

Approved ____ Disapproved ____

Signature _____ Date _____