



## Family Education Rights and Privacy Act (FERPA) For Faculty and Staff

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### Faculty and Staff Acknowledgement: Receipt of FERPA Information

I acknowledge that I have received the Family Education Rights and Privacy Act (FERPA) information for faculty and staff information.

I understand that these provisions apply to all faculty members, staff members, students, and any other persons employed by Southern University at Shreveport; to all persons receiving funding administered by the University or receiving other compensation from the University and to all students (traditional and non-traditional) in any program or activity of the University.

By signing below, I verify that I have received and reviewed the FERPA information provided by Southern University at Shreveport and agree to abide by its provisions.

Date: \_\_\_\_\_ SUSLA ID#: **9000** \_\_\_\_\_

Name of Employee: \_\_\_\_\_  
Print Name

Signature of Employee: \_\_\_\_\_