

I, _____ (*print full name*), confirm that I have completed FERPA training at <http://depts.washington.edu/registra/learning/ferpa-resources-for-faculty-and-staff/> on _____ (*date*).

In my employment role as a Teaching Assistant, I understand that I will have access to educational records and information protected under FERPA. I will keep information I obtain as a Teaching Assistant confidential and secure.

I will not share information about students with other Teaching Assistants unless they are assigned to the same course(s) and have legitimate educational interests to have this information. I will not share student information with faculty and staff in the School of Nursing unless they have legitimate educational need to have this information.

Printed Name

Signature

Date