



Office of the College Registrar
Leech Lake Tribal College
6945 Little Wolf Road NW
Cass Lake, MN 56633
218-335-4222
Revised 4/12/2016

Leech Lake Tribal College Statement of FERPA Understanding: Staff/Faculty

Last Name	First Name
Address	City, State, Zip

I understand that by the virtue of my employment at the Leech Lake Tribal College, I may have access to records which contain individually identifiable information, the disclosure of which is prohibited by the *Family Education 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 Leech Lake Tribal 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.

Date	Staff/Faculty Signature
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