

I understand that I am authorized to follow the guidelines of CENTRAL PIEDMONT COMMUNITY COLLEGE in order to protect the privacy of our students and/or employees. I will neither disclose nor use for my own or another's benefit, during or after my employment, any information not publicly known relating to Central Piedmont Community College, its employees and/or students. I will only access specific data as it relates to completing my job duties. I understand that I may release student information to Central Piedmont Community College personnel only for educational purposes upon the approval of my supervisor. *(It is the policy of Central Piedmont Community College to follow guidelines under the Family Rights and Privacy Act of 1974, as amended, in order to protect the privacy of students)*. I understand that any information pertaining to student's personal and educational records, or contained in student files are protected by the Family Educational Rights and Privacy Act of 1974 (FERPA). I understand that a breach of confidentiality of such documents would constitute an abuse of a position of trust and responsibility within the College Community punishable under the policies related to *Student Conduct*. Furthermore, the forgery, falsification, or fraudulent misuse of College documents, records, identification cards, and records to the College directly related to an individual student is an offense and may also be a violation of the laws of North Carolina.

It is the policy of the North Carolina Community College System to provide a drug free, safe and secure work environment. It prohibits the unlawful manufacture, distribution, dispensation, possession or use of narcotics, drugs, other controlled substances or alcohol at the workplace. *(Workplace means either on campus premises or while conducting agency business away from campus)*.

I have read and understand and agree to abide by the conditions specified. I understand that violating this policy may be grounds for dismissal from my employment, denial of access to data and facilities or disciplinary action.

Student Signature: _____ **Date:** _____

Note: Please submit this form to the Financial Aid/VA Office, Central High Building, Room 205, for approval. The student may only begin working once you receive this form with the authorized approval from the Financial Aid/VA Office.

TO BE COMPLETED BY FINANCIAL AID OFFICE

AUTHORIZATION PERIOD:

Total Federal Work-Study Award for the period indicated: \$ _____

Time period eligible to work:

While holding a Federal Work-Study position, you are allowed to work up to 15 hours per week. Remember you may not earn more than your total FWS award amount.

- Summer 2021
- Fall 2021
- Spring 2022
- Summer 20212

Total Remaining Need: \$ _____ Salary Per Hour: \$ _____

- This Student is a new hire.
- This Student is a rehire.

Authorized Financial Aid Signature: _____ Date: _____