



PARK
UNIVERSITY SM

FACULTY PRIVACY ACT FORM

FACULTY PRIVACY ACT RELEASE

In accordance with the Privacy Act (1975), I agree and understand that my signature on this form will authorize Park University, School for Extended Learning representatives and/or other authorized individuals:

1. to review my resume, letters of recommendation and/or published materials; to evaluate and examine transcripts, experience, and other ancillary data as required, that pertains to my employment as an Adjunct Faculty Member.
2. to visit my online classroom (announced or unannounced) at their discretion. Visits will include, as a minimum, a check of class rosters, review of Online discussions, review of Online content, evaluation of course syllabi, review of examinations or explanations of grading system, and an evaluation of the instruction methodology used. Results of the visits may be shared with authorized individuals.

I further authorize the School of Online Learning to release to student(s) the following number(s) to enable the student(s) to contact me: _____ (at work) and/or _____ (at home).

Signature **X** _____ Date _____

Separate from the above authorization, I agree that my signature below will authorize Park University, School for Online Learning representatives to publish my name, degree, institutions attended, titles, and positions in any documentation distributed by Park University.

Signature **X** _____ Date _____

Printed Name _____