

ATTACHMENT 3

**EMPLOYEE CERTIFICATION
PRIVACY TRAINING**

Department of _____

I, _____ certify that I am authorized access to
Print Name and Title

Official Personnel Folders and employment-related files and have received training on the location of these files; the requirement to physically secure these files; the confidentiality of materials within these files; the necessary authorizations required to access information within these files; and the procedures for the release of information from these files.

The date of training was _____.

Employee Signature

Date

Acknowledged by _____
Custodian of Records

Date