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425 East 38th Street, Erie, PA 16504 [www.slserie.org](http://www.slserie.org) Phone – 814-825-7105 Fax – 814-825-7169

Confidentiality Agreement

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge that the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School has approved my participation at the School in the following capacity:

□ Contractor (Specify: )

□ Consultant (Specify: )

□ Volunteer (Specify: )

□ Other (Specify: )

As a result of my participation or involvement in the activities of the School, I understand that I may learn, acquire, obtain or be given access to certain confidential information, including, but not limited to, student educational records, health records, employment records, and educational testing materials. I understand the statutory and regulatory requirements to maintain such information as privileged and confidential, and I agree to preserve the confidentiality of such information not only during the period of my participation or involvement in the activities of the School, but also after the termination of my participation or involvement in the School. Accordingly, in consideration of my being permitted to participate in the activities of the School, as noted above, I hereby agree as follows:

1) All Confidential information concerning the School, its employees, students, agents, contractors, and vendors, or otherwise, which I might acquire or become privy to during the course of my involvement with the School activities shall be considered CONFIDENTIAL, and I shall treat this information as such during my participation and involvement with the School and thereafter.

2) "Confidential information" shall mean any information regarding the School, its employees, applicants, students, agents, contractors, and vendors.

3) I agree not to disclose, either during or after my participation or involvement in activities of the School, any confidential information protected by law or regulations unless I first obtain the School's written authorization to do so, or unless it becomes publicly known or is no longer protected by law. If I breach this confidentiality agreement, I understand that I may be subject to certain liability as imposed by applicable laws, regulations, or policy.

4) Upon termination of my participation or involvement in the activities of the School, I will promptly return to the School all written documents which may contain confidential information which I may have in my possession.

Witness

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_