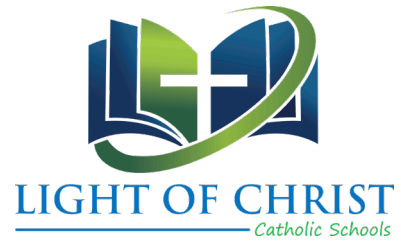


**AP 511 FORM – EMPLOYEE/INTERN**

**COMMITMENT TO CONFIDENTIALITY**



I, \_\_\_\_\_, hereby agree that I shall keep confidential any and all personal information concerning students, trustees, teachers and other employees of the Board of Education which I may acquire during the course of my employment / internship, whether such information is written or unwritten. I further agree that I shall not disclose such information and I shall not disclose any confidential information concerning the business or operations of the Board of Education unless such disclosure is required within the course of my employment.

Any information concerning students, trustees and employees of the Board of Education and any information concerning the business or operation of the Board of Education shall be released only as required in the necessary course of my employment and only if I am authorized to release such information.

I agree that I have had an opportunity to review the Board of Education Administrative Procedure concerning confidentiality (AP 511 – Confidentiality) and I agree to follow such policy. I understand that any breach of the policy could result in disciplinary action against me up to and including termination of my employment/internship with the Board of Education.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Employee