



Administrative Form 1509
CONFIDENTIALITY AGREEMENT

I understand and agree that while a visitor on Washoe County School District ("District") property, I may have access to confidential student information.

I understand and agree that by signing this document, I will maintain complete confidentiality regarding the information I obtain in such capacity.

I understand and agree that I will not divulge to **anyone any** matters discussed, including discussions by District employees or **any** student behaviors/interactions, written materials or computerized records which I view.

I understand and agree that if I receive calls or contacts from anyone requesting information from me regarding **any** District information, that I will follow established procedures of the District regarding disclosure of information.

By signing below, I acknowledge that I understand, agree with, and will comply with the above statements:

Name (Please Print)

Date

Signature

Date

Note: Written consent of parents/guardians is usually required for the release of personally identifiable records or other information protected by the Family Education and Privacy Act to agencies or individuals. Agencies or individuals may not share information with any other party without the written consent of the parents/guardians unless entitled to do so under FERPA 99.33. These education records may not be re-disclosed without written consent of the parent/guardian or eligible student.