

CONFIDENTIALITY STATEMENT

In connection with my co-op duties with Clio Area Schools, I agree to hold all information about Clio Area Schools' students or former students confidential and will not divulge any information to unauthorized personnel inside or outside the school. I further agree that I will not remove any information and/or records regarding Clio Area Schools' students. I understand that if I divulge confidential information to unauthorized persons, I am subject to either suspension or dismissal with the loss of my co-op credit. In order to safeguard Clio Area School's student information, I understand that I will not discuss or release any information regarding the students of Clio Area Schools. I further understand that the unauthorized access to, modification or deletion of any student record will violate individual rights of privacy. I have read, understand, and agree to comply with the above statements.

Date: _____

Employee Signature

Print Employee Name

I acknowledge and agree to the above requirements.

Date: _____

Parent Signature

Print Parent Name