**CONFIDENTIALITY**

**AGREEMENT**

# YOUR SCHOOL COUNCIL | BOARD NAME

**ACKNOWLEDGEMENT OF CONFIDENTIALITY**

I acknowledge that I have read and understood the Name of School Council | Board Confidentiality policy.

I agree to treat as confidential all private information about students, families, staff and volunteers which I may be privy to during my term.

I understand that it would be a breach of policy to disclose such information to anyone during my term on or at any time after.

I will use information appropriately, respect confidentiality and only use information for the purpose for which it was made available.

Full Name

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Signature

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Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_