

Confidentiality Statement

I understand that I have access to information from various files or records that contain confidential information about _____ students and families associated with _____. This confidential information may be financial, personal, or academic in nature. I understand that none of the information or facts about people that I am exposed to can be discussed with anyone except the initiator of the documents and should not be discussed at any time outside of _____. I understand that a breach of confidentiality will result in violation of Federal, State and Diocesan Policy.

I understand and accept the terms listed above.

Signature

Date