

**TROY AREA  
SCHOOL DISTRICT**

ATTACHMENT

APPROVED: February 21, 2012

REVISED:

915-ATT-0. STATEMENT OF CONFIDENTIALITY FOR SCHOOL VOLUNTEERS

I understand that in the course of my association with the Troy Area School District, I share the responsibility of maintaining the confidentiality of any employee or student information that I may have available to me. I understand that it is my responsibility to assure rights and confidentiality of information both written and verbal.

As a volunteer, I will work with the highest standards, committed to the idea that my work, will benefit students. I promise to take to my work an attitude of open-mindedness, willing to be trained, as well as interest and commitment.

I understand that in the performance of my duties, I am not to discuss academic or other confidential information regarding students or employees with anyone. Any breach of confidentiality will be carefully reviewed and, if substantiated, could result I the termination of my volunteer involvement with the school district; and may result in legal action.

I acknowledge that I have read and understand this statement of confidentiality.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Volunteer

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Witness