



Confidentiality Form for District Employees and Consultants

Section to Be Filled out by Supervisor/Administrator

My signature below certifies that _____ (**Print Employee's or Consultant's Name**), who is under my supervision, may require access to confidential personal information, and that such access is relevant and necessary in the ordinary course of performing her/his duties at the Human Resources office. Confidential personal information includes, but is not limited to the following data: social security number (SSN), date of birth (DOB), home address, home phone number, physical description, medical history, gender and ethnicity, and personal financial data.

Supervisor/Administrator's Name (please print)

Signature

Date

Section to Be Filled out by Employee (Or Consultant)

I certify that I have been given a copy of, and have read and understand, the attached summaries of provisions of the governing federal and state laws that govern access to and use of information contained in employee, applicant, and student records, including but not limited to, data that is accessible through the Human Resources office.

I understand that any access I am granted to this information and data is based on my agreement to comply with the following terms and conditions:

1. I will comply with the state and federal laws and district policies that govern access to and use of information contained in employee, applicant, and student records;
2. My right to access information and/or data is strictly limited to the specific information and data that is relevant and necessary for me to perform my job related duties;
3. I am prohibited from accessing information or data that is not relevant and necessary for me to perform my job-related-duties;
4. I will be a responsible user of information and data, whether it relates to my own unit or another unit;
5. I will store information and data that I obtain under secure conditions;
6. I will maintain the privacy and confidentiality of the information and data that I obtain;
7. I will make every reasonable effort to interpret the information and data I obtain in an accurate and professional manner;

8. Before sharing information or data with others, electronically or otherwise, I will understand his/her responsibilities as a user;
9. I will sign off any system containing confidential information when I am not actively using it;
10. I will keep my password(s) to myself, and will not disclose them to others unless the Human Resources Director and my supervisor/administrator authorize such disclosure in writing;
11. I will store and secure confidential and sensitive information, data, reports, etc. in a manner that will maintain their confidentiality when I am not actively using them;
12. I will dispose of confidential reports in a manner that will preserve their confidentiality when I have finished using them.

I will not misuse personal or confidential information or data that I obtain through my employment.
I certify that I have read this Confidentiality Form, I understand it, and I agree to comply with its terms and conditions.

Name (Please Print)

Signature

Date