



District School Board of Pasco County
CONFIDENTIALITY AGREEMENT

Name: _____ Employee ID: _____
Department/Location: _____

*For individuals accessing information from
confidential student records maintained by
Pasco County Schools*

I acknowledge that school or district staff have advised me of the Florida statutes and district School Board policies/ procedures regarding the protection and confidentiality of student records.

I understand that student record information is confidential regardless of the form in which it is maintained and/or shared (verbal, conferences, observations, documents in a cumulative student record folder, electronic information, etc.).

I agree to access and share information contained in student records only as a part of my official work assignment and only for legitimate educational purposes.

I will maintain complete confidentiality on all information received and will not release information to a third party.

This agreement applies to paid and unpaid staff, volunteers, practicum and intern students.

Employee Signature

Date