



BEACON CITY SCHOOL DISTRICT

**ADMINISTRATIVE
OFFICES**

10 Education Drive

Beacon, NY 12508

CONFIDENTIALITY STATEMENT

I, _____, hereby agree that all information obtained and/or reviewed by me regarding any and all candidates for positions with the District shall be kept strictly confidential. I understand that disclosing any such confidential information may subject the District and me to legal liability. I further understand that I may be removed from my position as an interviewer for the District if it is determined that I have disclosed any confidential information during the course of or following the interview process.

Date: _____

Signature: _____

Position Title

School