PINELLAS COUNTY SCHOOLS

CONFIDENTIALITY OF STUDENT/ VOLUNTEER RECORDS
VOLUNTEER VERIFICATION OF UNDERSTANDING

_____ _____

Volunteer (Print or type) School

_____

Principal

I verify I have viewed the video on the confidentiality of student/employee/volunteer records.
I understand and agree to comply with prohibitions regarding the release of student/volunteer/employee information.

_____ _____

Volunteer Signature Date

_____ _____

Principal Signature Date