

SAUCON VALLEY SCHOOL DISTRICT
2097 Polk Valley Road
Hellertown, PA 18055

VISITOR CONFIDENTIALITY AGREEMENT

Date: _____

Name: _____

Location of Visit: _____

Date of Visit: _____

Reason for Visit: _____

I understand the right of each student and their family to confidentiality and agree to comply with state and federal regulations and Saucon Valley School District policy regarding confidentiality of student information. My signature indicates I will not at any time communicate in oral or written form information obtained about any student as a result of my visit without the written consent of the parent/guardian.

Signature

Relationship to Student or Agency Position

Print Name