Dobbs Ferry School District
Independent Thinkers Change Worlds

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Dobbs Ferry Union Free School District

Acknowledgement of Information

I, _____have read and understand the confidentiality agreement below.

Confidentiality Agreement

Due to the sensitive nature of information accessible to employees, students, interns, observers and volunteers working in the Dobbs Ferry School District, it is necessary to require your agreement to the following confidentiality statement.

I understand that I may have access to information of a confidential nature regarding the District, employees, students and parents of the Dobbs Ferry School District in the course of my time in the District. I further understand that this information is to be kept confidential and that I will not discuss any of this information with anyone unless I have proper authorization.

I agree not to falsify, alter, copy, remove or destroy any information. I also agree not to disclose information or records regarding the Dobbs Ferry School District and/or students or employees without proper authorization. I further agree not to use any District information for personal use or gain.

Name:_____

Signature :_____ Date: _____