

EMPLOYEE CONFIDENTIALITY AND INFORMATION SECURITY ACKNOWLEDGMENT

Employee Name: _____

Position: _____

Building/Department: _____



Purpose

As a District employee, I understand that I may have access to, become aware of, overhear, observe, or otherwise encounter confidential, sensitive, or personally identifiable information concerning students, families, employees, applicants, or District operations.

I understand that maintaining the confidentiality and security of such information is an important responsibility of my employment.

Confidential Information

Confidential or sensitive information may include, but is not limited to:

- Student education records, grades, attendance, discipline, assessments, schedules, IEPs, Section 504 information, health, counseling, behavioral, and other student information;
- Employee and applicant personnel information, including performance, disciplinary, investigative, medical, leave, disability, accommodation, payroll, benefit, background check, clearance, and employment information;
- Personal identifying information, including Social Security numbers, dates of birth, addresses, banking information, passwords, and identification numbers;
- Information contained in District computer systems, databases, emails, files, reports, correspondence, and other records;
- Information discussed during confidential meetings, investigations, personnel matters, or other sensitive proceedings;
- Security procedures, access codes, passwords, keys, building-security information, or other information that could compromise District safety or information systems; and
- Other information protected from disclosure by law, District policy, procedure, collective bargaining agreement, or other applicable requirement.

Staff Information and Confidential Work Duties

I understand that certain staff information and duties I perform for the District may involve confidential or sensitive information.

My responsibility to maintain confidentiality applies not only to records I create or process, but also to information I may see, hear, receive, discuss, prepare, type, copy, scan, file, transmit, or otherwise handle while performing my assigned duties.

Performing a task as part of my position does not give me permission to discuss or share the information with coworkers, family members, friends, or others who do not have an authorized, legitimate work-related need to know.

Employee Responsibilities

I understand and agree that I will:

1. Access confidential information only when authorized and necessary to perform my assigned job responsibilities.
2. Use confidential information only for legitimate District business purposes.
3. Not access student, employee, applicant, or District information out of curiosity or for personal reasons.
4. Not discuss or disclose confidential information with individuals who do not have an authorized need to know.
5. Exercise discretion when discussing sensitive matters in offices, hallways, staff areas, public locations, vehicles, or other places where unauthorized individuals may overhear.
6. Protect paper and electronic records from unauthorized access, viewing, disclosure, alteration, loss, or destruction.
7. Secure District devices, files, keys, access cards, usernames, passwords, and other credentials assigned to me.
8. Not photograph, copy, download, forward, email, text, post, upload, or otherwise transmit confidential information except when authorized for legitimate District business.
9. Not place confidential District information on unauthorized personal devices, personal email accounts, cloud-storage services, applications, websites, artificial intelligence tools, or other systems not approved by the District.
10. Follow applicable District policies and procedures concerning confidentiality, student and employee records, technology, privacy, cybersecurity, and records retention.
11. Promptly report any known or suspected unauthorized access, disclosure, loss, or misuse of confidential information to my supervisor or appropriate District administrator.

Student Information

I understand that student education records and personally identifiable information are protected by the Family Educational Rights and Privacy Act (FERPA) and other applicable requirements. My status as a District employee does not automatically provide me with access to all student information. I may access student information only when necessary for my assigned responsibilities and when I have a legitimate educational or District-related need for the information.

Acknowledgment

By signing below, I acknowledge my responsibility to protect confidential student, staff, applicant, and District information and to use or disclose such information only as authorized or required by law. I understand that this responsibility continues after my employment ends and that violations may result in corrective or disciplinary action.

Employee Signature: _____

Date: _____