

Student Aide Confidentiality Agreement

Student Name: _____

School: _____

As a student aide, I am acting as a school official. As a result of my position I may have access to private student information, which is protected by State and Federal laws and district policies. I agree to not share any information about students that I may learn because of my position. Were I to share information, I could be assigned to a different class and subject myself to disciplinary consequences.

By signing this form I understand that I am not to repeat any information I may hear or see. I also realize that if I do repeat information I will be removed from my position as an aide.

Student Signature _____ Date _____

Parent Signature _____ Date _____

In order for you to be an aide, you must return this form to your teacher within 3 days of receiving it. If you do not return it signed by both you and your parent, you will be removed as an aide.