

Confidentiality Agreement

District Name: _____

Office of: _____

The purpose of this memo is to more efficiently inform you of the student's individual needs and supports and carry out the District's responsibility to provide a free and appropriate education to all eligible students with disabilities. If you have any questions, please contact your building Principal.

My initials below are acknowledgement that I have read and understand the student's transportation needs.

The information shall remain confidential and shall not be disclosed to any other person other than First Responders.

Student Name: _____ School: _____

I acknowledge that I have received and understand both the confidentiality terms and transportation needs of the student listed above.

Print Name: _____

Signature: _____

Date: _____