

**Huntington County Community School Corporation
Huntington North High School
450 MacGahan Street
Huntington, IN 46750
260.356.6104**

Confidentiality Agreement

I understand that during the course of my internship or job shadowing experience I will have access to and/or be involved in the processing of verbal, written, computer generated, computer accessed, filmed, and/or recorded information related to employees, students, and staff or school business.

I understand that I am required to maintain confidentiality of this direct or indirect information at all times, both during and after my internship or job shadowing experience. I understand that I will not share, discuss, or reveal any of this information with anyone.

I understand that any breach of this confidentiality agreement may result in disciplinary action, including termination, or legal action.

I certify, with the following signature, that I acknowledge being informed of the policy concerning confidential information and its treatment.

Student's Name: _____
(Please print full legal name)

Student's Signature: _____ Date: _____

Witnessed By: _____ Date: _____