805.6.10 - Oath of Confidentiality

I, the undersigned, hereby agree not to disclose any information or records concerning Lethbridge School District No. 51 students or staff without proper authorization in accordance with School District policy and provincial and federal law.

During the performance of my assigned duties, I may have access to confidential information required for effective School District program administration and delivery. I agree that all discussions, deliberations, records, and information generated or maintained in connection with these activities will not be disclosed to any unauthorized person.

I understand that I am also required to observe strict confidentiality with respect to this information when I cease to be involved with Lethbridge School District No. 51.

I recognize that disclosure of personal and/or confidential information to any unauthorized person is forbidden and may be grounds for legal and/or disciplinary action.

Executed this ____ day of ________________, ____, at ___________________

Signature: ______________________  Name(Print)____________________

Position/Role in the School: ________________________________

Received by:

Signature: ______________________  Name(Print)____________________

Position/Role in the School: ________________________________