

CABELL COUNTY PUBLIC SCHOOLS

AGREEMENT OF CONFIDENTIALITY

Date: \_\_\_\_\_

Huntington, West Virginia

I, \_\_\_\_\_, the undersigned, do hereby agree to and acknowledge  
Name  
that in my position as \_\_\_\_\_, I will come into contact with or have  
Job Title  
access to certain confidential and personal information about students, persons and employees of the Cabell County Board of Education. I understand that this may include, but is not limited to wages and other financial information, employment and contractual matters as well as other information of a personal and confidential nature.

I further understand that this information is not to be made available, discussed, exhibited in any way, directly or indirectly, or disseminated to anyone except authorized personnel.

I further understand that if I violate this agreement, I will be subject to disciplinary action which may include dismissal for willful neglect of duty. I know that it is essential to the students and employees of the Cabell County school system that they know and rely on the confidentiality of their records.