

**WASHOE COUNTY SCHOOL DISTRICT
Human Resources**

CONFIDENTIALITY AGREEMENT

I understand and agree that I have been given access to and in the future may be given access to confidential information of the Washoe County School District.

I understand and agree that by signing this document, I will maintain complete confidentiality regarding the information I obtain while working/volunteering at the Washoe County School District.

I understand and agree that I will not divulge to **anyone any** matters discussed, including discussions by district employees or **any** written materials or computerized records which I view.

I understand and agree that if I receive calls or contacts from **anyone** requesting information from me regarding **any** district information, that I will follow established procedures of the Human Resources Division regarding disclosure of information.

Special note for employees of WCSD: I understand that if I fail to adhere to the above, I may be subject to disciplinary action.

By signing below, I acknowledge that I understand, agree with, and will comply with the above statements:

Name (Please Print)

Date

Signature

Date