[Insert School/District Name] CONFIDENTIALITY AGREEMENT

(for those with access to P-EBT information)

**[Insert School/District Name]** is committed to protecting our employees’, students’ and families’ personal information. In the course of your work, you may have access to confidential information (oral, written or computer generated, not otherwise available to the public at large) about students and their families. THEREFORE, I AGREE that: My use of confidential information is restricted to my need to know the data or information to perform my assigned responsibilities. I will restrict unauthorized access to the confidential information I hold, whether it is housed electronically or via physical media: in a computer or file folder. I will not discuss confidential information in public areas. I will hold all confidential information of which I have knowledge in the truest confidence, as required by law. I agree to utilize confidential information obtained by me only for the benefit of the student or family, or in performance of my assigned responsibilities. Unauthorized disclosure, copying and/or misuse of confidential information is a serious breach of duty.

Every individual with access to P-EBT information must sign a Confidentiality Agreement.

**[Insert District/School (Student Information) Privacy Policy]**

Signature of Designated School/District Representative

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Designated School/District Representative (print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Individual Accessing P-EBT Information

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Individual Accessing P-EBT Information (print)

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Name of Partner Organization (print)

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