

**Toppenish School District
Homeroom Data Confidentiality Agreement**

Name of User: _____ Username: _____

School(s) / District: _____

What access does this user need? _____

It is the policy of the Toppenish School District to provide our employees or students with a level of privacy and confidentiality with any information concerning any of our employees or students.

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 employees or students, their families and/or personal business. School business information includes computer programs, software and supporting documentation, technological improvement plans, strategic plans, financial information and employee information (including but not limited to co-worker and their families).

THEREFORE, I AGREE that:

My right to enter or make use of confidential information is restricted to my need to know the data or information to perform my job responsibilities. I will keep my computer access password(s) confidential. If another method of accessing a computer system is used, I will restrict its use to myself. I will not discuss any confidential information in any public areas, hallways, gathering spaces and etc.

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 employee or student or in performance of my job responsibilities.

Unauthorized disclosure, copying and/or misuse of confidential information is a serious breach of duty and will result in disciplinary action up to and including termination of employment or contract with the Toppenish School District. Further, this agreement mandates compliance extending beyond employment, contract, or association with the Toppenish School District, as required by law.

I HAVE READ THIS CONFIDENTIALITY AGREEMENT AND AGREE TO ITS TERMS.

Employee Name (print): _____

Employee Signature: _____ Date: _____

Principal /Director Signature: _____ Date: _____

Please submit to Barb Moses, District Data Security Manager

Data Security Manager Signature: _____ Date: _____