

Buena Vista City Public Schools

ANTHONY FRANCIS, ED.D
Division Superintendent

GENNIFER MILLER, ED.D
Assistant Superintendent



TERESA ELLISON
School Board Chairman

SANDRA MOHLER
Clerk of the School Board

CONFIDENTIALITY ASSURANCE

My signature below indicates that I understand that all of the information that I come in contact with related to Buena Vista City Public Schools must remain confidential. This confidential information includes items pertaining to personnel, students, families and staff members.

Employee's signature

Date

This signed confidentiality statement was received on _____

by _____

****Failure to comply with this confidentiality agreement will result in disciplinary action****

**PLEASE RETURN THIS SIGNED FORM (FRONT & BACK) WITH YOUR
CONTRACT**