

**TROY AREA
SCHOOL DISTRICT**

ATTACHMENT

APPROVED: February 21, 2012

REVISED:

907-ATT-0. VISITOR CONFIDENTIALITY AGREEMENT

**TROY AREA SCHOOL DISTRICT
30 TAYLOR ST.
TROY PA 16947**

DATE: _____

NAME: _____

Location of Visit: _____
School Room

Date of Visit: _____

Reason for Visit: _____

I understand the right of each student and their family to confidentiality and agree to comply with state, federal, and Troy Area School District policy regarding confidentiality of student information. My signature indicates I will not at any time communicate in oral or written form information obtained about any student as a result of my visit without the written consent of the parent/guardian.

Signature Relationship to Student or Agency Position

Print Name

NAME