

NARRAGANSETT SCHOOL SYSTEM
ADMINISTRATIVE OFFICES
25 FIFTH AVENUE
NARRAGANSETT, RHODE ISLAND 02882-3612

CONFIDENTIALITY AGREEMENT

As a volunteer of the Narragansett School System, I will abide by the confidentiality agreement and never discuss my observations and knowledge of the children and their families with others. I understand all information regarding students and staff is strictly confidential whether medical or otherwise, and must never be discussed. If I have questions or concerns, I will immediately inform the child's classroom teacher.

Please initial here that you have read, and understand, our policy: _____

RELEASE OF INFORMATION AUTHORIZATION

I hereby direct and authorize the Narragansett School System to review any criminal records that is on file in reference to me.

I hereby waive and release any and all manner of actions, causes of actions, and demands of every kind, nature and description, arising from any release of criminal records and requests there from, whatsoever against the Narragansett School System in both law and equity which I may now have or in the further may have. I am also aware that it is my responsibility to contact the Narragansett School System if any criminal charges are brought against me after this date.

Signed this _____ day of _____, 20____.

_____ Full Name (print)	_____ Signature
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_____ Street Address	_____ City/Town
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Your email address: _____

_____ Driver's License No.	Signed Before me _____	_____ Notary Public
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_____ Date of Birth	Term Expires on _____
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The Narragansett School System does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to all sponsored programs and activities.