CAREER & TECHNICAL EDUCATION AREA

WBL Confidentiality Agreement

I understand that in the course of my WBL experience I may have access to and be involved in the processing of verbal, written, computer generated, computer accessed, filmed, and/or recorded information related to clients, employees, and staff or company business.
I understand that I am required to maintain confidentiality of this direct or indirect information at all times, both during and after my WBL experience. I understand that I will not share, discuss, or reveal any of this information with anyone.
I understand any breach of confidentiality may result in disciplinary action, including termination or legal action and removal from the program.
I certified by my signature that I acknowledge being informed of the confidentiality policy concerning confidential information and its treatment. I agree to adhere to and uphold the private and privileged information therein.

Student Printed Name: _____

Student Signature: _____ Date: _____

Parents Signature: _____ Date: _____

Site Supervisor Signature: _____ Date: _____