

Confidentiality Acknowledgement

_____ affirms, under penalty of perjury:

I am a participant in the New York City Student Success Mentor Corps (“Mentor”), part of Mayor Bloomberg’s Campaign to Reduce Truancy and Chronic Absenteeism (the “Campaign”). For purpose of this Acknowledgment, “**Confidential Information**” means any personally identifiable information related to Department of Education (“DOE”) students, student families/guardians, DOE employees, agents and/or volunteers obtained by or furnished to the Mentor. Confidential Information includes, but is not limited to, names, addresses, contact information, school or school attended, school district, grades or other reviews, credits, scores, analysis or evaluations, records, correspondence, activities or associations, financial information, social security numbers or other identifying numbers or codes, date of birth or age, gender, religion, sexual orientation or preference, national origin, socio-economic status (including free/reduced lunch status), race, ethnicity, special education status, or English Language Learner status; regardless of whether such information was disclosed prior to, concurrent with or subsequent to this Agreement. This includes information that may be provided to me directly by school staff and students and parents.

As part of my role in the Campaign, I understand that I will be provided with Confidential Information on children in New York City public schools in order to assist me in providing support to designated students at the DOE in efforts to address attendance issues. I understand that I may also be given limited access to the DOE “ATS” database containing Confidential Information. In the event that I am given access to DOE databases, I agree that I will only search for Confidential Information about children who have been assigned to me as part of the Campaign, and solely if needed to obtain information that will enable me to assist these students.

I will use the Confidential Information that I obtain only for legitimate educational purposes that fulfill my professional responsibilities as a participant in the Campaign. I will use Confidential Information solely in furtherance of the Campaign to reduce truancy and chronic absenteeism and help at risk students.

I understand that I may share Confidential Information with school officials (i.e., DOE employees) at the school where I am providing services in furtherance of my efforts to help students participating in the Campaign, and only if needed to further the educational interests of the student(s) and if permitted by law. I will not otherwise share Confidential Information with anyone. If I receive information that could constitute abuse or neglect of a student, as defined in Chancellor’s Regulation A-750, I will promptly inform the school principal/designee and make any reports required by this regulation. I will not share any password with any other person. I understand that school safety agents and other NYPD employees are not considered school officials.

I will not remove any Confidential Information from school premises. When my participation in the Campaign terminates, I agree that I will not copy or remove any Confidential Information from, or keep any Confidential Information of, the DOE. I will return any Confidential Information in my possession to the DOE, and will delete any Confidential Information (such as student contact information) that I may be storing privately.

I have been advised that in many cases Confidential Information is deemed to be confidential student record information under Federal and State law. I agree to hold all such information confidential pursuant to applicable provisions of state and federal laws, including but not limited to the Family and Educational Rights and Privacy Act and its implementing regulations (20 U.S.C. 1232g and 34 C.F.R. Part 99) and any other applicable regulations promulgated thereunder. I have been informed and understand that the release of Confidential Information to persons or agencies not authorized to receive such information may be a violation of United States federal law and may result in civil and/or criminal penalties. Disclosure of and access to student records shall at all times be subject to DOE policy and the Chancellor's Regulation A-820 entitled, "Student Records: Confidentiality, Access, Disclosure and Retention".

I agree to be fingerprinted by the New York City Department of Education as a condition of my access to Confidential Information and to abide by any determinations that are made regarding my access to such information as a result of the fingerprint verification. I agree to immediately notify _____ in the event that I am arrested.

I understand that the DOE may terminate my access to its computer systems at any time.

Signature

Print Name

Email address: _____

Phone number: _____