

# LEBANON SCHOOL DISTRICT

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1000 SOUTH EIGHTH STREET • LEBANON, PA 17042

## **CONFIDENTIALITY AGREEMENT** Internship or Observation

**School Year:** \_\_\_\_\_

The right of each student and their family to confidentiality has been clearly explained to me. I understand and agree to comply with State and Federal laws and Lebanon School District Policy regarding confidentiality of student information and the right of privacy accorded by law to each student. I will not at any time communicate specific student information in oral or written form.

By signing this form, I acknowledge I will comply with his confidentiality agreement.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Placement Type (Special Ed., Clerical, etc.)

\_\_\_\_\_  
University/College Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Lebanon School District Mentor Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Lebanon School District Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Lebanon School District Supervisor Signature

\_\_\_\_\_  
Date

***Please return completed application and confidentiality statement to:  
Lebanon School District Human Resources Office***