



RIVER VALLEY SCHOOL DISTRICT

660 West Daley Street ≈ Spring Green, Wisconsin 53588 ≈ Phone: 608-588-2551

861-Exhibit 1

Confidentiality Agreement/**Disclosure Statement**

I understand I may see or hear confidential information in any form (oral, written, or electronic) regarding:

- STUDENTS AND/OR THEIR FAMILY MEMBERS
(such as student records, conversations, conferences, health, discipline)
- EMPLOYEES (such as employment records, health information)

I will protect the confidentiality of this information and will not seek to access information that is not necessary for me to know.

I AGREE THAT:

1. I will protect the confidentiality of students, families, and employees.
2. I will not misuse confidential information and I will only access information I have been instructed or authorized to access.
3. I will not share, change, or destroy any confidential information unless it is part of my job to do so.
4. If I have access to electronic equipment and/or records, I will keep my computer password secret and I will not share it with any unauthorized individual.
5. If I have access to confidential records, I will not make unauthorized copies of those records.
6. If I am going to post pictures to my own social media site(s) of multiple students, I will check with school personnel to make sure I am not violating a personal confidentiality agreement.
7. I understand and will abide by the RVSD Acceptable Use of Networked Computers, Electronic Mail, and Internet Safety Policy #743. I further understand that any violation of these guidelines may result in loss of access to the network, as well as other disciplinary or legal action.

Examples of Breaches of Confidentiality (What you should NOT do)

These are examples only and do not include all possible breaches of confidentiality:

- Unauthorized reading of confidential information.
- Unauthorized access to information on friends or co-workers.
- Discussing confidential information in public areas.
- Posting photos on personal social media sites without seeking permission.

I understand that I am responsible for my use or misuse of confidential information. I understand that I must also comply with any laws, regulations, and district policies pertaining to disclosure and maintenance of confidential information.

Signature _____ Print Name _____ Date _____

Parent/Guardian Signature (if under age 18) _____ Print Name _____ Date _____

I authorize the River Valley School District (the “District”) to obtain one or more consumer reports for purposes of my application to volunteer with the District and, if I am permitted to volunteer with the District, I authorize the District to obtain additional consumer reports in the future in relation to my volunteering.

I authorize law enforcement agencies; public and private schools; federal, state and local agencies and courts; credit bureaus; information bureaus; current and former employers; financial institutions; licensing agencies; governmental agencies; the military; and other individuals and entities to provide any and all information that is requested by the District or other reporting agencies acting on behalf of the District.

I hereby certify that all the statements and answers contained on this form are true and complete to the best of my knowledge, and I understand that any false statements and/or answers or omissions of information on this form will be sufficient cause for rejection of my application to volunteer with the District.

Print First Name

Print Middle Name

Print Last Name

Maiden Name/Other Name(s) Used

Present Address (Street, City, State, Zip Code)

Number of Years at Current Address

Date of Birth

Social Security Number

Driver’s License Number

State

Please list any past addresses (prior seven years):

Signature

Date

Parent/Guardian Signature (if under age 18)

Print Name

Date

APPROVED: October 10, 2013
REVISED: December 12, 2013
APPROVED: January 9, 2014
REVISED: January 25, 2018
APPROVED: February 8, 2017
REVISED: April 8, 2021
APPROVED: May 13, 2021