

CABELL COUNTY PUBLIC SCHOOLS

**AGREEMENT OF CONFIDENTIALITY**

Date: \_\_\_\_\_

Huntington, West Virginia

I, \_\_\_\_\_, the undersigned, do hereby agree to and acknowledge  
Name  
that in my position as \_\_\_\_\_, I will come into contact with or have  
Job Title  
access to certain confidential and personal information about students, persons and employees of  
the Cabell County Board of Education. I understand that this may include, but is not limited to  
wages and other financial information, employment and contractual matters as well as other  
information of a personal and confidential nature.

I further understand that this information is not to be made available, discussed, exhibited  
in any way, directly or indirectly, or disseminated to anyone except authorized personnel.

I further understand that if I violate this agreement, I will be subject to disciplinary action  
which may include dismissal for willful neglect of duty. I know that it is essential to the students  
and employees of the Cabell County school system that they know and rely on the confidentiality of  
their records.

**IN WITNESS WHEREOF**, I do so swear and agree and do place my signature below as of the  
day and year first above written.

\_\_\_\_\_  
Signature

**STATE OF WEST VIRGINIA  
COUNTY OF CABELL, TO-WIT:**

The foregoing Agreement of Confidentiality was acknowledged before me on this the  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My commission expires \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

(SEAL)

Original: Personnel file  
Copy: Employee