



WEST MILFORD TOWNSHIP PUBLIC SCHOOL

Substitute Confidentiality Agreement

I, _____(please print), understand that during my work as a substitute employee in the West Milford School District, I may have access to students' records, including but not limited to, grades, transcripts, IEPs, 504s, medical/psychological records, participate in conferences with parents/guardians and IR & S meetings.

By my signature, I acknowledge the proprietary nature of such and agree to keep all information confidential. I have received a copy of this agreement and understand and agree to the terms contained herein.

Substitute Employee Signature

Date