

FERNDALE AREA SCHOOL DISTRICT
100 Dartmouth Avenue
Johnstown, PA 15905

VISITOR CONFIDENTIALITY AGREEMENT

Date: _____

Name: _____

Location of Visit: _____
School Room

Date of Visit: _____

Reason for Visit: _____

I understand the right of each student and their family to confidentiality and agree to comply with state and federal regulations and Ferndale Area School District policy regarding confidentiality of student information. My signature indicates I will not at any time communicate in oral or written form information obtained about any student as a result of my visit without the written consent of the parent/guardian.

Signature

Relationship to Student or Agency Position

Print Name