

AUSTIN INDEPENDENT SCHOOL DISTRICT
Confidentiality and Access Agreement

Name (print): _____ School/Department: _____ Substitute Office _____

I am currently an employee in the Austin Independent School District. Because of the nature of my position, I may have access to certain sensitive student records and/or employee information. This Confidentiality and Access Agreement will remain in effect regardless of my position or location of employment within AISD.

I understand that any unauthorized disclosure of confidential information regarding students is prohibited as provided in the federal Family Educational Rights and Privacy Act of 1974 (FERPA), 20 U.S.C. 1232 *eg. seq.* and in the federal regulations found in 34 CFR Part 99. FERPA is specifically incorporated into the Texas Public Information Act (formerly known as the Open Records Act). It is listed as an exception to records that are subject to disclosures to the public.

I hereby affirm that any student data of which I have knowledge will be kept strictly confidential, and I will not disclose any student's confidential information to anyone other than a District employee with a legitimate educational need to know.

I understand that any unauthorized disclosure of confidential information regarding employees is prohibited in accordance with 19 TAC 247.2, Code of Ethics and Standard Practices for Texas Educators, and Board Policy DH (Exhibit). In addition, I understand that any conversations among staff are confidential and are to be protected. I will not repeat any sensitive information I may overhear regarding a student or staff member to any member of the public without proper authorization.

I understand that any data or reports that I may generate are confidential and the data are to be protected. I understand that transmitting or providing AISD data outside of our network is a breach of District policy and may be a safety or identity threat to students and staff. I will not distribute to any unauthorized person any data or reports that I have access to or may generate using confidential AISD data.

I hereby agree that failure to abide by the requirements of this agreement may lead to the immediate revocation of my employment with AISD. I understand that any intentional, knowing, or negligent release of confidential student and/or employee information to unauthorized persons may also subject me to a legal cause of action for violation of an individual's civil rights in addition to state or federal criminal penalties.

I hereby waive, release and discharge the Austin Independent School District, its trustees, officers and employees from any claim, demand or cause of action arising out of my negligent use or misuse of confidential student or employee information. I agree to hold the Austin Independent School District harmless from any and all liability that the District may incur, including without limitation, damages of every kind and nature and out-of-pocket costs and legal expenses, incurred by reason of my negligence or misuse of confidential student or employee information.

Signature: _____ Date: _____

Return this completed form to the Office of Human Resources.