

AUSTIN INDEPENDENT SCHOOL DISTRICT
Confidentiality and Access Agreement
Parent Volunteer

I am a volunteer at _____ School in the Austin Independent School District. Because of the nature of my volunteer position, I may have limited access to certain student record information.

I hereby agree that I will access student records of only those students directed by the Principal or his/her designee.

I understand that any unauthorized disclosure of confidential information 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 implementing 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. 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.

I understand that any intentional, knowing, or negligent release of confidential student 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 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 information.

I have read and understand the Volunteer Guidelines as presented to me.

Signature of Volunteer

Date

Printed Name

Child(ren)'s Name(s) _____

Child(ren)'s Name(s) _____

Teacher(s) and Grade(s) _____

Principal retains original signed agreement with copy provided to volunteer for his or her records.