

**CATTARAUGUS-LITTLE VALLEY CENTRAL SCHOOL DISTRICT  
STUDENT PRIVACY AND CONFIDENTIALITY AGREEMENT  
FOR SCHOOL VOLUNTEERS**

Your service as a volunteer in our schools is greatly appreciated. In your association with teachers and students, you may have access to student information that is not to be shared or discussed with anyone other than designated personnel. Confidentiality is of the utmost importance in your work with teachers and students. You may not discuss a child even with that child's parents/guardians; nor are you to contact parents/guardians regarding the behavior or performance of students. You must always refer any questions regarding students to the student's teacher or the Building Principal. If you need help with a student, discuss the matter professionally with the child's teacher or other designated school official. *Before beginning service as a volunteer in our School District, it is requested that you acknowledge your intent to fulfill this responsibility by endorsing the statement below.*

- 1) I will not discuss with others, when serving as a volunteer or when no longer in a volunteer role, the content of any confidential student information which was learned in the course of or because of my volunteer work in the school; nor will I disclose or permit to be disclosed, directly or indirectly, student education records, personally identifiable student information in such records, or other confidential information regarding any student. Exceptions to this rule include my ability to discuss student information with designated staff members and/or as authorized by administration.
- 2) The confidentiality of student information shall include, but not be limited to, the following topics:
  - a. Academic standing (including student grades and test scores);
  - b. Attendance;
  - c. Financial status;
  - d. Physical/mental health identity and history;
  - e. Disciplinary status/records.
- 3) I further understand that, in accordance with the Family Educational Rights and Privacy Act, "education records" (generally defined as "those records, files, documents, and other materials which contain information directly related to a student; and are maintained by an educational agency or institution or by a person acting for such agency or institution") cannot be released, except as enumerated in law, without parent/guardian permission.
- 4) As a volunteer, I understand that I am not authorized to examine, release or comment on student records/information unless expressly authorized by school officials in accordance with applicable law.
- 5) While in the possession and control of confidential student data, I understand that I must protect those documents from being viewed or obtained by non-authorized individuals.

(Continued)

**CATTARAUGUS-LITTLE VALLEY CENTRAL SCHOOL DISTRICT  
STUDENT PRIVACY AND CONFIDENTIALITY AGREEMENT  
FOR SCHOOL VOLUNTEERS (Cont'd.)**

- 6) I will never take any confidential student data off campus unless authorized by the Building Principal or his/her designee.
- 7) Concerns or questions regarding student records or issues of confidentiality should be brought to the attention of the school administrator and/or staff member that supervises the volunteer.
- 8) I must report any breach or suspected breach in this confidentiality agreement to the Building Principal or his/her designee.

Volunteers in our School District shall perform tasks only under the supervision and guidance of appropriate staff, and are expected to comply with all District rules and regulations. Orientation and inservice training will be provided by appropriate staff to help ensure volunteer awareness of their duties, responsibilities, and expectations; and will stress the issues and importance of confidentiality of student information. Volunteers shall be given selected materials, including applicable Board policies and/or administrative regulations, that address the role of the volunteer.

Violation of these guidelines may constitute cause for termination of the volunteer's services. The Superintendent or his/her designee is responsible for decisions concerning continuation or discontinuance of a volunteer's activities.

**Volunteer Confidentiality Agreement and Signature (required for all volunteers)**

By signing, I acknowledge that I have read, understand, and will comply with the Confidentiality Statement above.

\_\_\_\_\_  
Name of Volunteer (please print)

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Administrator

\_\_\_\_\_  
Date

This Confidential Agreement will be kept on file in the Main Office of the building to which the volunteer is assigned. A copy of the Agreement will be provided to the volunteer.





# Cattaraugus County Sheriff's Office

301 Court Street, Little Valley, New York 14755-1090

(716) 938-9191

www.sheriff.cattco.org

**Timothy S. Whitcomb**  
Sheriff  
tswhitcomb@cattco.org

**William M. Nichols**  
Undersheriff  
wmnichols@cattco.org

**Division Commanders:**

**Capt. Robert Buchhardt**  
Patrol Division  
rvbuchhardt@cattco.org

**Capt. Daniel French**  
Jail Division  
dwfrench@cattco.org

**Capt. Eric Butler**  
Communications Division  
eabutler@cattco.org

**Capt. Robert Yehl**  
Detective Division  
rjyehl@cattco.org

## Cattaraugus County Sheriff's Office Personal Inquiry Waiver Authority for Release of Information

To Whom It May Concern:

I respectfully request and authorize you to furnish to (name and address of organization requesting background check) \_\_\_\_\_

any and all information, including that of a confidential or privileged nature, you may have concerning me. This includes police records and other information requested. This information will assist in determining my qualifications and fitness for the position or authority I am seeking.

Intending to be legally bound, I release you, your organization and others contacted from any liability or damage, which may result from furnishing the information requested.

Photostat copies of this authorization carry the same authority as the original.

\_\_\_\_\_  
(Former/Maiden Name)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_

\_\_\_\_\_  
(Please print Current Full Name)

\_\_\_\_\_  
(Please print Current Address & Phone #)

\_\_\_\_\_  
(Signature of Current Full Name)

Before me personally appeared \_\_\_\_\_ who stated this document and its intent was explained to him/her has full knowledge of its purpose and that he/she executed this instrument of his/her free will and accord.

Subscribed to me in my presence this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Notary Public)

**Administration Fax**  
(716) 938-6552  
(Business Hours Only)

**Communications Fax**  
(716) 938-6420  
(24 Hours)

**Corrections Fax**  
(716) 938-6235  
(24 Hours)

