

**FORSYTH COUNTY BOARD OF EDUCATION**  
**NON-DISCLOSURE AGREEMENT**

In connection with a Student Nurse position between

\_\_\_\_\_ (School/Department) and \_\_\_\_\_ (name),  
dated \_\_\_\_\_ 20\_\_\_\_, (name) \_\_\_\_\_

hereby acknowledges and agrees that he/she has been engaged by the School for the limited purpose of the Student Nurse position, is an authorized representative and agent of the School.

During the course of his/her position, \_\_\_\_\_ (name) acknowledges that he/she may be provided with educational records containing personally identifiable student information. \_\_\_\_\_ (name) acknowledges and agrees that any such information (1) will be protected in a manner that does not permit disclosure of personally identifiable student information to anyone other than authorized representatives, agents, or employees of the School, (2) will be used only in connection with the Student Nurse position, and (3) will be returned or destroyed when no longer needed for the position or when the contract expires or is terminated, whichever occurs sooner.

Assignment START Date: \_\_\_\_\_ through END Date: \_\_\_\_\_

Agreed to this \_\_\_\_ day of \_\_\_\_\_.

Signature \_\_\_\_\_

Principal's Signature \_\_\_\_\_

(Must be signed by Principal)

Full Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Employee Number if known \_\_\_\_\_

Computer username if known \_\_\_\_\_

Are you a former student? \_\_\_\_

If yes and you have changed your name, please list your prior name \_\_\_\_\_.

PLEASE SEND COMPLETED FORM TO DONNA BAUMAN ([dbauman@forsyth.k12.ga.us](mailto:dbauman@forsyth.k12.ga.us))