

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