

## Statement Acknowledging Compliance with the Treatment of Confidential Information

I have read the attached Tucson Unified School District policy regarding the treatment of confidential information. I acknowledge the need for and will maintain complete confidentiality regarding students, employees and all other materials of the District as stated in the policy.

| I understand unauthorized disclosure of confidential information will result in serious disciplinary action, up to and including termination. |      |
|---|------|
|   |      |
| Signature   | Date |