

**INTERPRETER
CONFIDENTIALITY AGREEMENT**

_____ **SCHOOL DISTRICT NO.** _____

I, _____, as an interpreter, will be permitted to have access to student information in order to perform interpretation and translation work related to students of the _____ School District.

I agree to keep all information that I learn about the client confidential. I understand that I may not discuss or disclose any information related to any student to anyone outside the school setting. I further understand that I may learn personal information about a student and/or his or her family that is private. I understand that it is my duty and responsibility to preserve and protect this privacy and confidentiality. I understand that this duty will extend after I am no longer working in the school district.

I also understand that information relating to persons who work for the school district is also privileged and must be kept confidential.

Both state and federal laws protect the confidentiality of students. By placing my signature below, I hereby indicate that I understand and agree to maintain the privacy of the student(s)' school-related and personal information.

WITNESS:

INTERPRETER:

BY: _____

BY: _____

DATE: _____

DATE: _____