Student Teacher Confidentiality Assurance Statement

I, as a Student Teacher in the Cobb County School District, agree that any personally identifiable student or staff information and educational records as defined pursuant to O.C.G.A. Title 20 and the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, (FERPA) as well as any other confidential information of the Cobb County School District that I may come in contact with, will be received and kept in confidence. I agree that all student information and staff records shall be kept in a secure location preventing access by unauthorized individuals.

I agree to follow Cobb County procedures to insure protection of the confidentiality of student/staff information and other confidential information and to prevent the disclosure and unauthorized use of student/staff information.

I agree to abide by standards of professional conduct while working in the schools.

____________________________________________  ____________________
Student Teacher Signature                        Date

Print Name  University Name