

# Little Falls Township Public Schools

**Bruce deLyon, Ed.D., Superintendent**

**School No. 3, 560 Main Street**

**Little Falls, New Jersey 07424**

**delyon@lfschools.org**

**(973) 256-1034**

**FAX: (973) 256-6542**

Mr. Michael Ryan  
Principal, School No. 2  
Little Falls, NJ 07424  
(973) 256-1386  
FAX: (973) 256-1610

Mrs. Wendy McNeill  
Director, Special Services  
Little Falls, NJ 07424  
(973) 256-4810  
FAX: (973) 785-4857

Mr. Gary Borges  
Principal, School No. 1  
Little Falls, NJ 07424  
(973) 256-1033-1033  
FAX: (973) 785-4857

## SCHOOL DISTRICT VOLUNTEER AGREEMENT NOT TO DISCLOSE

### CONFIDENTIAL STUDENT INFORMATION

Please Print

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Last Name	First Name	Middle Initial	Telephone
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Address

I understand that ALL student information to which I have access as a school volunteer is confidential. Such information might include health information in written, oral, or electronic form. I agree not to discuss any confidential information, including but not limited to any descriptions of situations as well as names of students. I also understand that even when I am no longer a volunteer for the school district, confidential information I have learned as a volunteer must continue to be kept confidential. I understand that any breach of the confidentiality of student information will result in my immediate termination as a volunteer in the school district and that I may be subject to civil liability in some cases.

Other provisions (may vary from school district to school district)

My signature indicates that I promise to share confidential student health information only with authorized school health professionals. My signature on this form indicates that I understand and agree to comply with the conditions stated in the school district policies provided to me and on this form.

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**Volunteer's Signature**

**Date**

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