



Pledge of Confidentiality

I, _____ (print name of individual taking pledge), understand that in the course of my employment and/or volunteer work with Peace River School Division that I may possess information about the operations of the Division, and about its students, parents, and other staff (“confidential information”). I understand that the Division is subject to the *Freedom of Information and Protection of Privacy Act* (“FOIPP”), and that the release of confidential information may harm the interests of the Division, violate the FOIPP Act, or both. I agree that I will not, without due authorization, disclose or make known any confidential information which comes into my knowledge by reason of employment and/or volunteer work, either during the period of my employment and/or volunteer work with the Division or afterwards. I understand that my right to access or make use of confidential information is restricted to my need to know that information to perform my job responsibilities.

I understand that unauthorized disclosure, copying and/or misuse of confidential information is a serious breach of duty, and may result in disciplinary action up to and including termination of employment or contract and/or termination of my volunteer work with Peace River School Division.

Signed this _____ day of _____, 20__ A.D.

(signature)

Adopted/Revised: JUN 2019