

**ACKNOWLEDGMENT OF CONFIDENTIALITY REGARDING STUDENT
RECORDS**

As an employee of the Alamosa School District, I have been made aware of my duties and responsibilities regarding the confidentiality of student information. I understand that in the course of performing my duties as an employee of the Alamosa School District I may have access to information concerning students of the district. I understand that, with certain exceptions, access to personally identifiable student information is limited to the students, the parent or guardian of the student, and other persons authorized by state and federal law. I have read and understand policies JRA/JRC, JRA/JRC-R, JRA/JRC-E-1, JRA/JRC-E-2, and JRCA. I understand and agree that I will not release in any form, written, oral or electronic, any personally identifiable student information to any person not authorized to receive such information. I also understand and agree that if I have any questions regarding whether I may release personally identifiable student information to a third party, I will refer the request to my immediate supervisor.

EMPLOYEE HANDBOOK RECEIPT

The Alamosa School District Employee Handbook is available on the district's web site at www.alamosa.k12.co.us. A printed copy is available in each school library and in the principal or director's office, as well as the administration office. I agree to read the handbook and to abide by the rules and instructions governing employment in the Alamosa School District. The information in this handbook is subject to change. I understand that changes in the policies may supersede, modify, or eliminate policies summarized in the employee handbook. As the district provides updated policy information, I accept responsibility for reading and abiding by the changes. I understand that no modifications to contractual relationships or alterations of at-will employment relationships are intended by this handbook.

This signature page must be signed at the beginning of every school year and returned to the Administration Office and will become part of your personnel file.

I also understand that I have an obligation to inform the human resource office of any changes in personal information such as phone number, address, etc. I also accept responsibility for contacting my supervisor or the human resource office if I have any questions or concerns and need further explanation.

Signature of Employee

Date

Printed name of Employee