



Information Confidentiality Agreement - External

I, _____, as a member of and on behalf of _____, understand that I and/or my organization may be exposed to Gwinnett County Public Schools data as part of specific contracted or informational tasks. Unless required to do so in the fulfillment of my official responsibilities, **I may not**

- **Use or reveal any data from Gwinnett County Public Schools to enhance future business opportunities or increase corporate gains;**
or
- **Divulge the identity of students attending school within Gwinnett County;** or
- **Divulge any confidential information**

that has been learned, or obtained from, or is pertinent to any Gwinnett County Public School entity without prior written agreement from the appropriate Gwinnett County Public Schools division leader. I also understand that revealing or divulging such information could be a violation of state and federal confidentiality laws, which could lead to disciplinary and / or legal action. I also certify that all data regarding this task will be destroyed following contracted services.

THE MISSION OF GWINNETT COUNTY PUBLIC SCHOOLS

*is to pursue excellence
in academic knowledge,
skills, and behavior
for each student,
resulting in measured
improvement against
local, national, and
world-class standards.*

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(signature)

(please print)

Title

Date