

**Castle View High School
Senior Internship Confidentiality Agreement**

I understand that in the course of my internship experience I may have access to and be involved in the processing of verbal, written, computer generated, computer accessed, filmed, and/or recorded information related to clients, employees, staff or company business.

I understand that I am required to maintain confidentiality of this direct or indirect information at all times, both during and after my internship experience. I understand that I will not share, discuss with or reveal any of this information to anyone.

I understand any breach of confidentiality may result in disciplinary action, including termination and loss of credit or legal action.

I certify by my signature that I acknowledge being informed of the confidentiality policy concerning confidential information and its treatment. I agreed to adhere to and uphold the private and privileged information therein.

Intern Name _____
(Please print full legal name)

Intern Signature _____ Date _____

Parent Name _____
(Please print)

Parent Signature _____ Date _____

Internship Coordinator's Signature _____ Date _____