



Sioux Falls School District 49-5
Career Internship Program

Confidentiality Form

DATE

I, _____, a participant in the School-to-Careers Career Internship Program, acknowledge that I have been informed that I may come into contact with privileged information while at the training site.

I hereby understand and promise that I will not divulge any privileged or confidential information to anyone including classmates and relatives. If I break this promise, I will be subject to disciplinary action, including termination of my participation in the program and will be responsible for damages arising from any irresponsible actions on my part.

Student-Trainee

Training Site Supervisor

Career Internship Coordinator