



**Confidentiality Statement
for Outside Service Providers**

I, the undersigned, acknowledge and agree that I will not take information regarding any or all students of Clarksville Montgomery County Schools from the premises. The term “information” includes, but is not limited to, verbal, written, pictorial, etc. No information regarding students is to be discussed or viewed publicly.

Printed Name of Service Provider _____

Signature of Service Provider _____

Date _____ Agency Name _____