



STATE OF CONNECTICUT
DEPARTMENT OF EDUCATION



Bureau of Health/Nutrition, Family Services and Adult Education

Adult Education Personal Confidentiality Statement

Connecticut Adult Education Providers are responsible for maintaining confidential student information and keeping this information secure. This information may include, but is not limited to, test scores, date of birth and social security number (SSN). A personal confidentiality statement must be completed by any staff member with access to CARS, GED Manager or any other source of confidential student data. Confidentiality statements should be kept on file for the duration of employment.

I, _____, am an employee of _____.

I understand that a student’s confidential information is to be used for the sole purpose of establishing and evaluating state and federal reporting on student performance measures.

I understand that in the course of my employment I may have access to confidential student records, including social security numbers.

Regarding access to confidential student information, I acknowledge and agree to abide by the following terms:

- I will access and use confidential information only as necessary for the performance of my official job duties.
- I will secure both electronic and hard copies of records in an area that is safe from access by unauthorized persons at all times.
- I will process the information and any records created from the information in a manner consistent with all policies pertaining to the handling of confidential records.
- I will immediately notify my director/supervisor of any suspected or actual violation of confidentiality.
- At no time will I e-mail confidential student information, especially social security numbers, either as an attachment or in the body of an e-mail. *(CARS IDs are not considered confidential)*
- I will take the following steps to protect the confidentiality of data:
 - Protecting my personal passwords;
 - Securing computer equipment, including computer storage devices;
 - Securing office areas where confidential data may be stored; and
 - Verifying that individuals requesting access to data are authorized to receive the data.

By signing below, I acknowledge that I have read and understand the Personal Confidentiality Statement.

Signature: _____ Date: _____

Printed Name: _____ Position: _____