



CONFIDENTIALITY UNDERTAKING

I, _____,
Print Name

an employee of the Battle River School Division agree that in fulfillment of my duties as a:

Print Position

I shall keep confidential all information of which I am made aware, and information which I acquire in the course of fulfilling my duties, and shall not release, publish or disclose any information acquired thereunder, regardless of the form in which the information is acquired relating to Battle River School Division, it's clients, students, employees, elected officials, business or affairs, except as may be necessary in order to fulfill any statutory or job related duties placed upon me in my role. Any other disclosure shall only be made with the express prior written consent of the Battle River School Division through one of its designated representatives.

I understand and accept that should I breach this Confidentiality Undertaking, it may result in disciplinary action, including dismissal. Further, I understand that my obligations of confidentiality contained herein extend beyond my employment and will continue after my employment with Battle River School Division ends.

Employee Signature

Date (Month / Day / Year)