



NEVADA STATE
COLLEGE

Resource Center for Students with Disabilities

CONFIDENTIALITY AGREEMENT

I, _____, hereby agree to consider all written and verbal contacts/communication with students receiving services within the Resource Center for Students with Disabilities (RCSD) office to be privileged and held in the strictest confidence, and to adhere to the conditions set forth below.

I will never disclose to anyone the name or confidential information which could lead to the identification of any student receiving services through the *RCSD* office.

I will never discuss issues related to the student with anyone other than the appropriate *RCSD* staff member.

As a volunteer for the *RCSD* office, I hereby attest that I will adhere to all ethical standards, which respect confidentiality of the students I serve and comply with all policies and procedures of the *RCSD* office and Nevada State College

I will adhere to the Nevada State College Student Code of Conduct and all College policies, including Academic Integrity and the Civility and Tolerance Policies, as set forth by the College.

I understand that violation any of the conditions delineated above will be grounds for immediate termination of services. I further understand that the terms of this agreement do not end upon the discontinuation of my services with the *RCSD* office, or my affiliation with the College.

Note Taker Signature _____ Date _____

RCSD Representative Signature _____ Date _____