



Tri-County Community Council, Inc.

HEAD START

CONFIDENTIALITY CERTIFICATION

This is to acknowledge that I, as a member of the Head Start program, know that I am not to divulge any information concerning a child, family, or staff member that comes to my attention, written or verbally, without proper authorization.

(Please check one):

Employee

Volunteer

Policy Council Member

Contractor

Signature: _____

Date: _____

Witness: _____

Date: _____