



Nebraska VR
Nebraska Department of Education

State Office • PO Box 94987
Lincoln, NE 68509-4987

CONFIDENTIALITY AGREEMENT

I understand that all personal information relating to applicants and clients of the Nebraska VR program is confidential. I understand that the release of their personal information, including their name, is regulated by federal law and regulations.

I agree to keep all personal information for applicants and/or clients confidential. If I receive any verbal or written requests to release personal information I will forward the request to my team supervisor.

I understand that violation of this confidentiality agreement may result in immediate termination of my relationship with the Nebraska VR program.

Name

Supervisor

Date

Office

Date

Original: Supervisor
Copies: Volunteer/Intern/Temporary
Pat Bracken