

CONFIDENTIALITY/NON-DISCLOSURE AGREEMENT
PARTICIPANT'S SIGNATURE PAGE

1. Contact Information: (Participant must complete top portion & sign at the bottom.)

Name (Printed): _____

Work Address: _____

City: _____

State: _____

Zip Code: _____

Telephone: _____

E-Mail Address: _____

2. By Participant's signature, Participant agrees to be bound by this Agreement that they hold in strict confidence and will not disclose any employment information contained within the LACES database. The Adult Education Program will consider any improper disclosure of any information considered confidential under federal or state law to be serious misconduct. All Participants are to be made aware that all information collected under the auspices of Adult Education can be used only for purposes outlined in the WIOA. Furthermore, individuals may be subject to civil penalties under the Privacy Protection Act of 1974 as amended by the Computer Matching and Privacy Protection Act of 1988 (5 USC Sec 552a), as well as subject to criminal penalties under the Confidential Information Protection and Statistical Efficiency Act of 2002 (Title V of PL 107-347), depending on the nature and extent of the disclosure.

A. Certification. The Participant agrees to be subject to the conditions of Confidentiality and Non-Disclosure Agreement.

3. This signature page is hereby incorporated into the Annual Grant Agreement and associated responsibilities until terminated.

AE CENTER DIRECTOR:

Signature

Date

LACES User:

LACES User Signature

Date