

Acknowledgment of Confidentiality

I, _____ understand that during job shadowing or mentoring with the office of _____ it is expected that any information that I hear, see or read in this office is private and to remain strictly confidential and cannot be repeated unless I receive prior authorization from _____ to do so. If I release any information that has been obtained without consent, I understand that I may be guilty of disclosing private information.

Mentee Signature _____ Date _____