**Disclosure Agreement for Information**

**From Student Records** \*

I understand that as a member of the ACPE. Certification process, I may have access to information from confidential student records. I will not retain copies of those records or information, nor will I disclose or use any information I might obtain from them in any process other than the one in which I am currently authorized to participate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of ACPE member Date

***\* Form is to be signed by anyone viewing or using student records in the context of a Certification review if student records will be viewed.***