



**NEW YORK CITY DEPARTMENT OF EDUCATION
65 COURT STREET
BROOKLYN, NEW YORK 11201**

**Agreement of Confidentiality
School Leadership Team Consultation**

School Name	Location Code (e.g., K000)	District
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I understand that all matters regarding the C-30 selection procedure are of a highly confidential nature. As a member of the School Leadership Team (SLT), I accept full responsibility for maintaining complete confidentiality and will not reveal any information concerning applicants to any person either during or after the selection process. Any breach of this agreement may disqualify me from participating in future C-30 consultations.

I hereby certify that my statements contained herein are to the best of my knowledge and belief, true and correct.

Name of SLT Member	Signature	Date
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Check Affiliation:

- Principal
- Assistant Principal
- UFT Chapter Leader
- PTA President
- Parent
- Teacher
- Other: _____