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**

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**

Check Affiliation:

____ Principal

____ Assistant Principal

____ UFT Chapter Leader

____ PTA President

____ Parent

____ Teacher

____ Other: _____