CONFIDENTIALITY AGREEMENT

State Form 52736 (R / 1-07) / CW 2117
DEPARTMENT OF CHILD SERVICES

I, the undersigned, agree to maintain the confidentiality of any and all personally identifiable information, concerning any individual that I receive from the Department of Child Services or any employee of the Department. I will not share with or provide to any other person any of that information without the express written consent of the Department.

Date (*month, day, year*): _____

Printed Name	Signature	Agency / Title