

# Nebraska Department of Education



**Participants of Insert [Name of Meeting]  
Nebraska Statewide Assessment  
Confidentiality of Information Statement  
[Insert Date]**

As a participant in the [Insert Meeting Name], you may have access to data and information which needs to be kept confidential and may not be shared or used for any purpose.

No materials distributed or used during the [Insert Meeting Name] workshop may be removed from the room.

Your signature below is your agreement to maintain the confidentiality of all information that is made available to you as a participant of the [Insert Meeting Name] workshop on [Insert Date].

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Legal First Name

MI

Legal Last Name

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School/Organization

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Signature

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Date