



Fulton County Clerk of Superior Court 2018 Junior Deputy Clerk Summer Program Confidentiality Form

I _____ hereby consent to the confidentiality agreement of the Fulton County Clerk of Superior and Magistrate Court.

I will refrain from disclosing any confidential information received during the course of my internship with the Fulton County Clerk of Superior and Magistrate Court.

I will consult with my supervisor for guidance before sharing information arising out of or in connection with my internship.

I will abide by computer and network security standards set forth by the Clerk of Superior and Magistrate Court.

I will maintain the security of all accounts and passwords I use in connection with Clerk of Superior and Magistrate Court computers and information system network

I hereby acknowledge that the disclosure of any confidential information and or the misuse of any computer equipment will result in my dismissal from the program.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____