

TN Work Ethic Diploma Student Confidentiality Waiver Form



STUDENT INFORMATION

By signing this confidentiality waiver form, I _____ understand my
(PRINT STUDENT'S FIRST & LAST NAME)
name, graduating year and school district will be shared with regional employers who are registered
TN Work Ethic Diploma partners.

Once I have attained the required number of points to earn the TN Work Ethic Diploma, the
information listed above will be made immediately available on the Work Ethic Diploma website to
employers through a secured login. Employers will not have visibility to the standards I have achieved
or how many total points I have earned, only that I am a Work Ethic Diploma recipient.

I further understand the Work Ethic Diploma is a voluntary opportunity I am choosing to pursue, with
an option to remove myself out of the program at any point during my senior year of high school.

(STUDENT SIGNATURE)

(DATE)

PARENT / LEGAL GUARDIAN INFORMATION

I understand the information stated above, and hereby grant my child permission to participate in the TN Work
Ethic Diploma program.

(PARENT/LEGAL GUARDIAN SIGNATURE)

(DATE)