

**POUGHKEEPSIE CITY SCHOOL DISTRICT**

**Mentor/Mentee Confidentiality Sign-Off**

Liaison: \_\_\_\_\_

Mentor: \_\_\_\_\_

Mentee: \_\_\_\_\_

School Name: \_\_\_\_\_

School Year: \_\_\_\_\_

We have received and reviewed the Mentor/Mentee Handbook together, and we understand and agree to adhere to the confidentiality policy as described in the Mentoring Handbook.

Mentee Signature: \_\_\_\_\_

Mentor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please submit one (1) signed Mentor/Mentee Confidentiality Sign-Off form per each Mentor/Mentee pair to your building liaison.