

# Boundary Review Advisory Committee - Confirmation



**Disclaimer:**

All information and comments provided on this form are subject to the Virginia Freedom of Information Act (VFOIA). Personal contact information and information identifiable to students is protected from being disclosed as part of a VFOIA request.

**Please confirm your acceptance to join the Boundary Review Advisory Committee. \***

**For those who confirm acceptance in the Boundary Review Advisory Committee, please review and complete the following:**

As a Member of the Boundary Review Advisory Committee, Fairfax County Public Schools ("FCPS") and its authorized representatives anticipate sharing Confidential Information with you orally, in writing, and through visual presentations. You will be able to identify Confidential Information because it reasonably appears to be of a non-public and sensitive nature, or because we advise you of its confidential nature by labeling it as such or by informing you verbally.

In order to proceed with membership in the Boundary Review Advisory Committee, FCPS asks that each Member acknowledge the following obligation to maintain Confidential Information in strict confidence:


**I agree to maintain Confidential Information in strict confidence and trust. Unless required by law, I will not disclose Confidential Information to any person who is not a member of the Boundary Review Advisory Committee without the prior written permission of FCPS. I understand that my obligation will remain in effect both during and after I conclude my service on the Boundary Review Advisory Committee. \***

**How can we contact you?**

**Full Name \***

**Phone \***

**Email \***

 I'm not a robot   
reCAPTCHA  
Privacy - Terms