



CONFIDENTIALITY STATEMENT FOR DRIVERS

I understand that as a driver for _____
DSB Employee

all information that I come to know related to any person requesting or receiving services from the North Carolina Division of Services for the Blind is confidential and I will not discuss any of the information or any of the applicants or eligible individuals with anyone other than the individual for whom I provide driver services. I understand that failure to keep this agreement may result in my termination as a driver.

Signature of Driver

Date