

**CONFIDENTIALITY AGREEMENT**  
**LONGMONT DEPARTMENT OF PUBLIC SAFETY**  
**CITIZENS ACADEMY**

As an attendee at the Longmont Public Safety Citizens Academy, I understand that I may learn of or have access to information (verbal, written, or electronic) which is of personal, safety-sensitive, or otherwise confidential nature. Such information includes, but is not limited to incident reports, NCIC/CCIC information, Computer Aided Dispatch/RMS information, and other law enforcement or Longmont Department of Public Safety related information. I agree to maintain the confidentiality of such information and will not divulge it to anyone for any purpose without the express consent or direction of management of the Longmont Department of Public Safety personnel.

I further understand and agree that I am prohibited from using any of this information for my personal use or benefit or for any other non-public safety business related purposes.

I understand and agree that my failure to comply with the confidentiality requirement set forth in this Confidentiality Agreement is grounds for removal from the program as well as potential criminal charges.

The restrictions of the Confidentiality Agreement regarding disclosure and use of information shall continue to apply after completion of the Longmont Department of Public Safety Citizens Academy.

I have read and understand this agreement and agree to comply with it in every respect.

Year of Academy: 20\_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature \_\_\_\_\_

\_\_\_\_\_  
Printed Full Name