

**Mississippi Department of Human Services/Division of Youth Services  
PERSONS HAVING ACCESS TO CONFIDENTIAL STUDENT FILES**

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**This notice to be posted in vicinity of confidential student files.**

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**Name of Facility:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Name of Principal or designee:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

The following persons have access to confidential student files:

Position

1. Principal or designee
2. Assistant Principal or designee
3. Classroom Teachers
4. Clerk
5. Instructor
6. Guidance Counselor

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Name

Position

has been designated to be responsible for maintaining confidential student records in this facility.

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Principal or designee

Date