CONFIDENTIALITY AGREEMENT
FOR NON-EMPLOYEES AND VOLUNTEERS

As a non-employee or volunteer I understand that I maybe entrusted with information of a confidential nature and should not reveal such information to others without proper authorization. The unauthorized release of confidential information from files, optical disc imaging systems, electronic data, computer usage, network, the internet, conversations, personal observations, or knowledge may result in removal from my non-employee or volunteer status.

I acknowledge and understand the University's confidentiality policy described above. I am aware that I may have access to information that is strictly confidential and that I will handle and retain information in a secure work area, free from view of others, at all times, while in my possession.

_____ _____

PRINTED NAME DATE

_____ _____

SIGNATURE DATE

_____ _____

WITNESS DATE