Pledge of Confidentiality

As a participant of the research presentation below, I understand that I will have access to confidential information and data carries with it responsibility to guard against unauthorized use and to abide by the data security rules.

I agree not to disclose the confidential information to any third parties. Such a disclosure would violate the confidentiality promised to all parties concerned and would violate University ethics policies.

Research or Presentation Title:

Dates:

Place:

Speaker’s

Name:

Faculty:

Research or Presentation Title:

Dates:

Place:

Speaker’s

Name:

Faculty:

This Pledge of Confidentiality shall commence on the Effective Date hereof and shall remain in full force and effect for five years.

Agreement Effective Date:

Student Paticipants

|  |  |  |
| --- | --- | --- |
| Faculty/Department | Student ID number | Printed Name  (fill-out in own handwriting) |
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