

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 Participants

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