UNIVERSITY OF ALBERTA
OFFICE OF ALUMNI RELATIONS
CONFIDENTIALITY AGREEMENT

I understand that my role as a volunteer for Alumni Campus Chapters involves working with personal information of alumni, donors and friends of the University. The reputation of the University of Alberta could be negatively affected by misuse or disclosure of the information to which I have access.

I understand that the Freedom of Information and Protection of Privacy Act governs the collection, use, and disclosure of personal information.

The personal information of alumni to which I am privy can only be used for the following stated purposes:

1. To support on-going activities of the University of Alberta by communicating information on programs and events to alumni,
2. To communicate details about University of Alberta alumni campus chapters events that I am assisting in planning.

I abide by the provision of the FOIPP Act that the class lists and contact information that I am privy to shall not be made available or disclosed, either intentionally or accidentally, except for the purposes stated above.

I acknowledge that I have read and understand the above information.

__________________________________________
Signature

__________________________________________
Date

__________________________________________
Name (please print)

__________________________________________
Campus Chapters Coordinator

__________________________________________
Name of Campus Chapter