

Confidentiality Statement

NDSU Extension Service



I, the undersigned, do hereby acknowledge that in my work for the NDSU Extension Service I will have access to confidential information contained in the records of volunteers, paid staff and/or 4-H members.

I agree that I will not disclose any such confidential information maintained by the NDSU Extension Service to any unauthorized person. This confidential information includes reference forms, reference checks, interviews, medical insurance, date of birth and other protected information.

I acknowledge that a proven breach of confidence could be cause for termination from my volunteer or paid staff position. Breach of confidence of information related to the North Dakota Child Abuse Information Index is against state law and could result in a Class B misdemeanor conviction.

_____/_____/_____
Signature

Print Name

If the above signature is that of a volunteer, I, the undersigned, do hereby certify that I have discussed the guidelines for confidentiality with the person named above.

_____/_____/_____
Signature, NDSU Extension Service Representative/Supervisor Date