

General Records Fill in the Blank Statement

Memorandum of Understanding Confidentiality

I _____ understand the significance of the responsibility I have as a volunteer (or intern) serving the SUNY Cortland _____ Office.

All _____ office records are considered confidential. The nature of the information to which I have access is extremely private and must be protected. I will not, under any circumstances, share this information. This information will not be shared with students, faculty, staff, community members, or anyone else. This information includes, but is not limited to: names, addresses, telephone numbers, social security numbers, birthdates, Cortland ID #'s, financial information, grades, and/or personal information on parents/guardians. Access to this information is in a variety of formats that may include, but is not limited to: written records, computer files, and verbal interactions.

Any questions on interpretation should be directed to the SUNY Cortland _____ (department head).

I further understand that any transgression will result in termination from my position as a volunteer (or intern).

Volunteer Signature

Date

(Department Head)

Date