Work Report Marked by University of Waterloo Confidentiality Agreement

Effective Date: 

(work report submission date)

Employer: 

Address: 

Supervisor Signature: __________________________ Printed Name: __________________________

Title: __________________________ Phone Number: __________________________

Work Report Title: 

Name of Student Submitting Report: __________________________ UW ID#: __________________________

The Management Sciences Department and the faculty/staff member responsible for grading the report agree to maintain the confidentiality of the above-named report for a period of not less than three years from the date of grading. No copies of the report will be made. The report will be read only by the faculty/staff member named below. The report will be kept in a locked office until returned to the student.

Signed: __________________________

Name (print): __________________________

Position: __________________________

Department of Management Sciences
University of Waterloo
Waterloo, Ontario N2L 3G1

Date: __________________________