**DECLARATION OF NON-DISCLOSURE**

I acknowledge that, in my capacity as a member (or staff, employee) of \_\_\_\_\_\_\_\_\_\_\_\_, I will have access to certain confidential information.  This information includes, but is not limited to the following: files, data books, diagrams, records, studies, protocols, reports, draft publications, interviews, surveys, samples, schedules, appraisals, computer programs, and statistical information. Confidential information may be oral, written, or electronic.

I understand that all \_\_\_\_\_\_\_\_\_\_\_\_\_\_ members must sign a Declaration of Non-Disclosure when they commence their association with the \_\_\_\_\_\_\_\_\_\_\_\_.  This includes undergraduate and graduate students conducting research within the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and temporary members or visiting faculty from other institutions.  Under this declaration, members consent to keep all matters to which they are privy related to all projects being conducted at the \_\_\_\_\_\_\_\_\_ confidential.

I agree that during my association with the \_\_\_\_\_\_\_\_\_\_\_ and for a period of five years after termination of employment or association with the \_\_\_\_\_\_\_\_, I shall not disclose to any other person, firm or corporation, any confidential information relating to any projects, other than for the specific purposes required by my duties within the \_\_\_\_\_\_\_\_\_\_, without previous consent in writing from the Director of the \_\_\_\_\_\_\_\_\_\_ or his/her designate.

I also understand that I am required to notify the Director of the \_\_\_\_\_\_\_\_\_\_\_\_\_ or his/her designate immediately of any breach of my obligations or conflict of interest under this agreement which comes to my attention.

By signing and returning a copy of this document to the Director of \_\_\_\_\_\_\_\_\_ or his/her designate, I confirm my understanding and acceptance of the above clause and will comply with these clauses.  I also agree that my obligation to comply with the above will survive my termination of association with the \_\_\_\_\_\_\_\_\_\_\_ for a period of five years.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_