Class Organizer Confidentiality Agreement

I understand that my role as a volunteer for the University of Alberta – Class Organizer Program – will involve working with personal information of alumni, donors and friends. The reputation of the University of Alberta and the Faculty of Medicine & Dentistry could be negatively affected by misuse – or disclosure – of the information to which I have access.

The Freedom of Information and Protection of Privacy Act (FOIPP) governs the collection, use and disclosure of personal information.

With this in mind, I would like to access to the following class list:

(Please specify year and area of study for the list you are requesting – eg. 1967 Dentistry)

All personal information to which I will be privy in my role (including alumni, donor and related information) will be used solely for the following stated purposes:

1. To develop and support ongoing relationships with alumni, potential donors, donors and friends of the University of Alberta and the Faculty of Medicine & Dentistry.
2. To support ongoing activities of the University of Alberta and the Faculty of Medicine & Dentistry by communicating information on programs and events to alumni, prospects, donors and friends.
3. To support the fund-raising initiatives and activities of the University of Alberta and the Faculty of Medicine & Dentistry.

I abide by the provisions of the FOIPP Act that this information shall not be made available or disclosed, either intentionally or accidentally, except for the purposes in which it was collected. When the information is no longer needed, it will be securely destroyed by means of shredding paper files and/or deleting electronic information.

All alumni, donor, prospect and friend information maintained by the University of Alberta shall be considered information in the custody and control of the University of Alberta.

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

_________________________________________  ____________________________
Signature                                      Date

_________________________________________  ____________________________
Name (Please Print)                           Witness

The personal information requested on this form is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. It will be used for the purpose of alumni engagement and philanthropic activities. Questions concerning the collection, use or disclosure of this information should be directed to the FOIPP Liaison Officer, Office of Advancement, University of Alberta, 3-501 Enterprise Square, 10230 Jasper Avenue, Edmonton, AB, T5J 4P6, (780) 492-7400.