



Information Statement of Confidentiality

I agree to the following **Information Statement of Confidentiality**:

The Johns Hopkins Alumni Association respects the privacy of our alumni and university community and is committed to guarding against the unauthorized use or distribution of personal alumni information.

Alumni records are proprietary information maintained by Johns Hopkins University for official use and are not released to the general public or business community.

Official university use includes, but is not limited to: dissemination of university news and publications; invitation to university, athletic and alumni chapter events; class and affinity reunion planning and activities; sanctioned university student clubs and organizations; alumni activities; and authorized third party solicitations endorsed by the Alumni Association, such as affinity credit cards and alumni directory publications.

Alumni lists or labels may be released to Johns Hopkins alumni and students only if they are to be used for university activities or projects approved or endorsed by the Alumni Association and the appropriate university official only.

Alumni lists may not be used for fundraising purposes unless otherwise approved by the Office of Alumni Relations.

Alumni information released to volunteers may not be copied, reproduced or otherwise distributed without the written consent of the Office of Alumni Relations.

Individuals or groups may not use Johns Hopkins University alumni lists or labels for personal, commercial or political uses. Additionally, individuals and groups are prohibited from using lists or labels obtained from Johns Hopkins University for creating and/or maintaining independent alumni databases or web sites.

Any information regarding corrections, additions or deletions of data contained in the report(s) provided for your use should be reported to the Office of Alumni Relations within one week.

By signing below, you agree that you have read and understand these policies and the Information Statement of Confidentiality.

Student Name

Student Signature

Student Organization

Date

I confirm that I am the acting Johns Hopkins University faculty or staff liaison to the group above. As such, I promise to oversee the aforementioned group's use of the information provided. I will ensure that this organization and their student members adhere to the policies and guidelines agreed upon above.

JHU Faculty/Staff Liaison Name

JHU Faculty/Staff Liaison Signature

Phone Number

Date