



**CONFIDENTIALITY AGREEMENT  
FOR UNIVERSITY OF TORONTO VOLUNTEER REPRESENTATIVES:**

I understand that the Office of Advancement considers the personal information it maintains on alumni, donors and friends to be confidential and subject to Legislation and to the University of Toronto’s privacy policies.

I understand that all confidential information provided to me in the course of my duties as a volunteer representative of the University of Toronto is to be used solely for the purpose of performing my duties which must be authorized and endorsed by the University of Toronto.

I agree to protect the confidentiality and physical security of the confidential information I receive and the privacy of those to whom it pertains and to use it only for the purpose for which I have been granted access.

I will not communicate either orally or in writing, without the prior written consent of the Division of University Advancement, University of Toronto, any personal information of which I may become aware in the course of my volunteer work. I further understand that non-compliance could result in revocation of access.

I agree to provide the Division of University Advancement, University of Toronto, with any updated contact information, as well as final event attendance lists (if applicable) upon completion of use.

I agree to destroy this information or return this information to the custody of the Division of University Advancement upon completion of my volunteer involvement with the University of Toronto.

Please sign below to indicate your acknowledgement of this agreement and e-mail a scanned copy to [insert divisional rep email address]

If you have any questions or concerns regarding this matter, please contact [insert divisional rep name] at [insert divisional rep phone number].

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Preferred Email Address

\_\_\_\_\_  
Faculty/College and Year

\_\_\_\_\_  
Full Mailing Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff/Faculty Authorization

\_\_\_\_\_  
Purpose

\_\_\_\_\_  
Division of University Advancement Authorization (please print)

\_\_\_\_\_  
Division of University Advancement Authorization signature

\_\_\_\_\_  
Expiry Date (max. term 12 months)