

**MEMORANDUM OF UNDERSTANDING  
CONFIDENTIALITY**

I \_\_\_\_\_ understand the significance of the responsibility I have as a volunteer (or intern) serving the SUNY Cortland \_\_\_\_\_ Office.

All \_\_\_\_\_ office records are considered confidential. The nature of the information to which I have access is extremely private and must be protected. I will **not**, under any circumstances, share this information. This information will not be shared with students, faculty, staff, community members, or anyone else. This information includes, but is not limited to: names, addresses, telephone numbers, social security numbers, birthdates, Cortland ID #'s, financial information, grades, and/or personal information on parents/guardians. Access to this information is in a variety of formats that may include, but is not limited to: written records, computer files, and verbal interactions.

Any questions on interpretation should be directed to the SUNY Cortland \_\_\_\_\_ (department head).

I further understand that any transgression will result in termination from my position as a volunteer (or intern).

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Department Head)

\_\_\_\_\_  
Date