

Acknowledgement of Responsibility for Regulations Regarding the Confidentiality of Student Records and Security of Access Codes

As a student researcher, I am aware that the data and materials to which I may have access are to be treated in a professional and confidential manner. I agree that I will not disclose or cause to be disclosed any such confidential information gained in the course of my research at any time. Such information includes, but is not limited to, student records for which I have access.

I agree to the following:

- I will use the data for this study only.
- I will *not* sell the data.
- I will *not* store the data on an unsecured website or laptop computer.
- I will destroy my copies of the data once my research is complete.

I certify that I am aware of the University of Memphis Policy entitled “**Privacy of Education Records**” (AA3022) regarding the confidentiality of student records and the improper release of information and the alteration or destruction of a student record. I further understand that I am responsible for reading and complying with all requirements of this policy.

I am aware that any breach of the confidentiality of this material or any abuse of my position, including but not limited to alteration of records, destruction of records or other similar acts, shall result in the University removing my security access, if granted, to the data and materials and disclosing this information to my department or college for appropriate action.

Complete the following and sign your request.

Name: _____

College or Department: _____

Type of Research Project* : _____

Type of Data Needed* : _____

Date: _____

Signature: _____

*As approved by Institutional Review Board (IRB).