

# Sheridan Institute for Technology and Advanced Learning

## Student Research Confidentiality Agreement

I, \_\_\_\_\_ (print name), agree to treat with confidentiality all information that I come into contact with during my research project and agree not to disclose it to any third party either during my research period except as may be necessary to perform my duties, or after completion of my research project for any reason, except with the written permission of Sheridan Institute of Technology and Advanced Learning – Research Ethics Board

If for any reason I am required to produce documents related to my research experiences while at Sheridan Institute of Technology and Advanced Learning on a special assignment agree to provide to the Sheridan Research Ethics Board, copies of such material.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Student Number

\_\_\_\_\_  
Print Witness Name

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date