

West Virginia University Foundation Confidentiality Agreement

I understand that, as part of my employment, I may receive or have access to certain confidential and proprietary information that is the property of West Virginia University Foundation, Incorporated (Foundation) and that I am prohibited from disclosing such confidential information without appropriate written permission from my employer listed below and the Foundation. I acknowledge that my receipt or access to this information does not change the confidential and proprietary nature or ownership of the information.

Such confidential information may include, but is not limited to, donor and prospective donor information such as names, addresses, gifts, giving histories, financial information, ratings, requests for anonymity or other similar information.

I recognize my obligation to protect such confidential information from any disclosure that is in violation of this agreement or otherwise improper and understand that any improper disclosure on my part may result in disciplinary action, including possible suspension or dismissal.

Please check the appropriate box.

I am employed with:

- West Virginia University Foundation, Inc.
- West Virginia University
- West Virginia University Hospitals, Inc.
- West Virginia University Medical Corporation
d/b/a University Health Associates
- Other _____

Printed Name

Title

Signature

Date

Please sign and return this document to the WVU Foundation in one of the following ways:

1. Scan and email to rc@wvuf.org
2. Fax to 877-587-7759 Attn: Network Services
3. Or mail to:

WVU Foundation
Attn: Network Services
One Waterfront Place – 7th Floor
PO Box 1650
Morgantown, WV 26507