

## CONFIDENTIALITY STATEMENT

I understand that, as part of my employment, I may receive or have received certain confidential information that is the property of West Virginia University Foundation, Incorporated and that I am prohibited from disclosing such confidential information without appropriate permission from my employer listed below and the Foundation.

Such confidential information may include, but is not limited to, listings of 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 improper disclosure 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

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Printed Name

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Signature

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Title

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Date