



Unilateral Non-Disclosure Agreement for Unpaid Interns and Volunteers

NAME OF INTERN/VOLUNTEER:

DEPARTMENT/UNIT:

I understand that in performing the duties assigned to me in this role I may see, hear, and otherwise have access to confidential, proprietary, private, and/or other sensitive information belonging to Brown University and/or its affiliated entities or individuals (collectively, "Confidential Information"). This Agreement is intended to prevent the unauthorized use or disclosure of such Confidential Information.

In consideration for the opportunity to participate in this opportunity, I agree not to share, copy, discuss nor otherwise disclose in any format (e.g. verbal, written, paper, electronic, digital, or video) and by any means (e.g. regular mail, internet, audio, or social media) Confidential Information with any third party without the written authorization of an authorized Officer of Brown University. I agree to protect the privacy, security, and confidentiality of any (prospective or current) Brown University applicant, student, employee, alumni, and donor data and Confidential Information. I understand that records and information may be confidential by virtue of the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. 1232g), the Gramm Leach Bliley Act (GLBA) (12 U.S.C. §§78, 377, 15 U.S.C. §80), the Rhode Island Identity Theft Protection Act (RI Chapter 11-49.3), other laws and corresponding regulations. If I am unsure about the confidentiality of any record or information or my ability to disclose any record information to a third party, I agree to ask an authorized Officer of Brown University before disclosing any record or information.

The terms of this Agreement remain in effect during and after my engagement. Upon Brown University's request or upon the termination of this engagement, I will immediately return all original materials containing Confidential Information, along with any copies, notes, or reproductions, to Brown University.

This Agreement shall be governed by the laws of the State of Rhode Island, without reference to conflict of laws principles. I understand that any breach of this Agreement may subject me to disciplinary action, which includes, but is not limited to, immediate dismissal.

Signature of Volunteer/Intern

Date

For Interns/Volunteers Under 18 Years Old

I, the undersigned parent or legal guardian of the intern/volunteer listed above , consent to the intern's/volunteer's participation in the internship or volunteer opportunity and agree to the terms of this Unilateral Non-disclosure Agreement on behalf of the intern/volunteer.

Signed _____

Date _____

Name (print) _____