University of Michigan - Flint

Alumni Information Request Form and Confidentiality Agreement

UNDERSTANDING

The Office of Development and Alumni Relations has been charged by the Chancellor of the University of Michigan-Flint to be the official custodian of all alumni biographical records, addresses, mailing lists, and mailing labels. This information is maintained by the University of Michigan exclusively for alumni and development-related purposes. The University makes available alumni information to authorized University representatives in support of approved related activities. It is the responsibility of the school, department or unit having access to the information to maintain the confidentiality of that information. **All** information is covered by this confidentiality statement. Information is not available to groups or individuals within or outside the university for purposes including, but not limited to, vendor mailings, political mailings, unauthorized fundraising appeals or the creation of any lists that have not been approved, in writing, by the Office of Development and Alumni Relations.

AGREEMENT

Signature by a university faculty or staff member certifies that:

1) Applicant is a **full-time** faculty/staff member.
2) The data will be used only for the benefit of the University of Michigan.
3) The use of the data is a part of, or reasonably related to the university's overall educational program and meets all the requirements and limitations described above, on the AREL website, and in the Standard Practice Guide.
4) **The downloading and transfer of digital data will not be allowed. Printed data can be released to volunteers acting on behalf of the university with the written permission of the Chancellor or the Office of Development and Alumni Relations.**

The University of Michigan-Flint Office of Development and Alumni Relations has the right to approve or deny this application and to monitor the use of any released data. Violation of this agreement will terminate assistance with any current or future requests for alumni information and may result in an employee suspension and/or termination.

I understand and agree to the terms and conditions of this agreement and will comply with the requirements contained therein.

Applicant Name: _____Title: _____

Department: _____

UMID#:_____ Campus Phone: _____ Campus Email:_____

Intended use of the information:

_____

_____

_____

Are volunteers going to be using the data? Yes No

Intended use dates: _____

CONFIRMATION

Applicant's Signature: _____ Date:_____

Dean or Director's Signature: _____ Date:_____

Return completed form to the Office of Alumni Relations two weeks prior to the intended use date.