



## CONFIDENTIALITY ATTESTATION

Employment at Brescia University College will result in access to extremely confidential personal and academic information. I, therefore understand and agree to abide by the attached confidentiality policies and the requirement that information and physical documentation will be used only in the service of Brescia University College and will neither be released to unauthorized individuals nor removed from the premises of the office without prior authorization.

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Full Name (please print)

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Signature

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Date