



VCU

Development and Alumni Relations

Confidential Information Access Form for VCU Volunteers

Dear Volunteer,

We appreciate your partnership, and we value your involvement in our efforts to strengthen our university and achieve our mission. Thank you for your support. As a component of your participation in our development and alumni engagement endeavors, you might be provided with confidential information. This privileged information is the property of the Office of Development and Alumni Relations of Virginia Commonwealth University, and we are required to protect its confidentiality and the confidentiality of all personal information in our database. Information provided by the university, including lists of individuals or any personal information, must not be used by the university, or anyone acting on its behalf, for any purpose other than university business. The policies surrounding the control and release of this information are governed by state and federal laws, including the Federal Family Educational Rights and Privacy Act of 1974 (FERPA), the Freedom of Information Act (FOIA), the Code of the Commonwealth of Virginia and the Fair Credit Reporting Act, among other regulations.

You must not provide confidential information about a prospective or present donor to anyone other than those who have also signed DAR confidentiality agreements and for the specific purpose of assisting in development or alumni engagement on behalf of VCU.

By signing below, you understand and agree that any information you receive will be used only according to university policy, and its confidentiality will be maintained. As a partner with the university, you also pledge to return or destroy any copies and/or derivations of the information as soon as the official purpose is complete.

Volunteer Signature: _____ Date: _____

Volunteer Information

Title/Role: _____

Name: _____ RADAR ID: _____

Address: _____ City, State, Zip: _____

Email: _____ Phone: _____ (home/work/cell)

Virginia Commonwealth University representative

I certify that the individual listed above requires access to this information to carry out his/her efforts on behalf of Virginia Commonwealth University. I acknowledge that the information will be used solely for the benefit of Virginia Commonwealth University business. Further, I will ensure that the information, and any derivations, received by the above individual are destroyed or returned as soon as the official purpose for the data is complete.

Representative Information

Name: _____ Date: _____

Title: _____ Dept./Unit: _____

Please return completed form to your VCU contact.

VCU Contact: please submit this form via a DAR Help Desk Bio update ticket to be added to the volunteer's record.