

**Security and Confidentiality Agreement of
Personal Information for Research Purposes**
*Municipal Freedom of Information and Protection of
Privacy Act***Researcher**

Last Name	First Name	Middle Initial
-----------	------------	----------------

Business Address

Unit Number	Street Number	Street Name	PO Box
City/Town	Province	Postal Code	
Telephone Number	Email		

Representative of Institution

Last Name	First Name	Middle Initial
-----------	------------	----------------

Position
Institution

Business Address

Unit Number	Street Number	Street Name	PO Box
City/Town	Province	Postal Code	
Telephone Number	Email		

Agreement

This agreement is made between

Name of Researcher

referred to below as the researcher, and

Name of Institution

referred to below as the institution.

The researcher has requested access to the following records that contain personal information and are in custody or under the control of the institution:

Description of Records

The researcher understands and promises to abide by the following terms and conditions:

1. The researcher will not use the information in the records for any purpose other than the following research purpose unless the researcher has the institution's written authorization to do so:

Description of Research Purpose

2. The researcher will give access to personal information in a form in which the individual to whom it relates can be identified only to the following persons:

Names of the Persons

3. Before disclosing personal information to person mentioned above, the researcher will enter into an agreement with those persons to ensure that they will not disclose it to any other person.
4. The researcher will keep the information in a physically secure location to which access is given only to the researcher and to the persons mentioned above.
5. The researcher will destroy all individual identifiers in the information by _____.
Date (yyyy/mm/dd)
6. The researcher will not contact any individual to whom personal information relates, directly or indirectly, without the prior written authority of the institution.
7. The researcher will ensure that no personal information will be used or disclosed in a form in which the individual to whom it relates can be identified without the written authority of the institution.
8. The researcher will notify the institution in writing immediately upon becoming aware that any of the condition set out in this agreement have been breached.

Signature of Researcher

Signature of Representative of Institution

Signed at _____ this _____ day of _____, _____.
Location Day Month Year