



Protection of Minors on Campus Confidentiality Agreement

Fayetteville State University values the privacy and confidentiality of our staff, volunteers, and participants. This is to certify that that I _____

(Name of participant)

understand that information (written, verbal, photo, video, or other form) shared must remain confidential. I understand that any unauthorized release or carelessness in the handing of this confidential information is considered a violation of program rules. This includes the posting of photos, videos, or statements on any social media outlets. I agree that no photo, video, or statement containing information regarding staff, volunteers, or other participants of _____

(Name of program)

will be posted to on social media platforms/ stories. I further understand that my opportunity to participate in the above listed program will be terminated at the discretion of the program staff at any time, if they determine that I have violated the confidentiality and privacy of a staff member, volunteer, or participant.

This confidentiality statement does not prohibit the reporting of illegal or inappropriate conduct, including but not limited to abuse, neglect, harassment or discrimination. Participants should report any illegal or inappropriate conduct or any incident involving a minor to Program staff or the Protection of Minors on Campus office. [Protection of Minors on Campus - Incident Involving a Minor \(highq.com\)](http://highq.com)

In signing this confidentiality agreement, I acknowledge and represent that I have read the foregoing understanding it and sign it voluntarily as my own free act and deed. I am at least eighteen (18) years old of age and fully competent or I am the parent or guardian of the child participant.

Printed Participant name: _____

Printed Parent or Guardian name: _____

Signature of parent or guardian: _____

Date: _____