Commonwealth of the Northern Mariana Islands Longitudinal Data System



AFFIDAVIT OF NON-DISCLOSURE

Name:	
Date:	
Organization:	
Job Title:	
I,	, do solemnly swear that when given ds Longitudinal Data System Restricted-Use
 Use any individually personally identifiable information assembled for any purpose other than an approved sexecuted and valid Restricted-Use Data Agreement, understand. 	statistical project, as described in a properly
 Make any disclosure or publication whereby any indifurnished or related to any particular person. 	vidual could be identified or the data
Permit anyone to examine individual records or files Restricted-Use Data Agreement.	other than the individuals authorized in the
 Store any restricted-use data on any portable electron retrievable sources. I understand that a violation of these terms may subject my emay subject me to disciplinary action by my employer. Furth personally liable for any violation. 	employer to liability for breach of contract and
	[signature of affiant]
	[printed name of affiant]
	[address of affiant, line 1]
	[address of affiant, line 2]
Subscribed and sworn to before me, thisday of	[month], 20
[Notary Seal:]	[signature of Notary]
	[printed name of Notary]

NOTARY PUBLIC: My commission expires: ______, 20_____.