

# CNMI SLDS

## AFFIDAVIT OF NON-DISCLOSURE

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Job Title: \_\_\_\_\_

I, \_\_\_\_\_, do solemnly swear that when given access to the CNMI State Longitudinal Data System data, I shall not:

- Use any personally identifiable information furnished, acquired, retrieved or assembled for any purpose other than the approved agreement - Contract 165567-OC, which I hereby certify that I have read and understand.
- Make any disclosure or publication whereby any individual could be identified or the data furnished or related to any particular person.
- Permit anyone to examine individual records or files other than the individuals authorized in the Contract 165567-OC.
- Store any restricted-use data on any portable electronic computing device or other electronically retrievable sources.

I understand that a violation of these terms may subject my employer to liability for breach of contract and may subject me to disciplinary action by my employer. Furthermore, I understand that I may be held personally liable for any violation.

\_\_\_\_\_  
[signature of affiant]

\_\_\_\_\_  
[printed name of affiant]

\_\_\_\_\_  
[address of affiant, line 1]

\_\_\_\_\_  
[address of affiant, line 2]

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_ [month], 20\_\_\_\_.

[Notary Seal:]

\_\_\_\_\_  
[signature of Notary]

\_\_\_\_\_  
[printed name of Notary]

NOTARY PUBLIC: My commission expires: \_\_\_\_\_, 20\_\_\_\_.