

**MEMORIAL UNIVERSITY OF NEWFOUNDLAND  
SCHOOL OF MUSIC**

**UNDERTAKING OF CONFIDENTIALITY**

I, \_\_\_\_\_, \_\_\_\_\_,  
(Print Name) (Position Title)

have been informed and fully understand that as an employee of Memorial University of Newfoundland working in the School of Music, I may gain access to information concerning past or present students and/or employees at the University. I hereby give an undertaking to keep as confidential all matters about students, staff and faculty members/instructors that may come to my attention as a result of my work. This means that I will discuss those private matters that are within my knowledge only with appropriate persons within the School of Music, Memorial University of Newfoundland.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date