UNIVERSITY OF MARYLAND

**Confidentiality Statement
to access Kuali Conflict of Interest (KCOI)**

User Name: _____

The following user will be provided full access to all COI disclosures within the requested organization. The information that is being provided is sensitive and should not be shared.

I hereby acknowledge, by my signature below, that the information stored in the KCOI module is or may be confidential in nature. KCOI User agrees (a) to take all reasonable precautions to protect KCOI information from disclosure; (b) not to disclose KCOI information to anyone at University of Maryland (UMD) unless that UMD person has a need to know; (c) not to disclose KCOI information to any external person or entity; and (d) not to use KCOI information for any purpose other than to view the disclosure statements in which you are provided access. Failure to abide by these requirements may result in disciplinary action, up to and including termination of employment.

_____
(Print Name)

_____
Signature of User

_____
Date