

# Confidentiality Statement



UNIVERSITY OF  
**MARYLAND**  
EXTENSION  
*Solutions in your community*

*University of Maryland Extension's  
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I understand that as a volunteer for the University of Maryland Extension, I am expected to follow professional standards and practices of confidentiality. I will not disclose or discuss the facts of any individual(s) except in the conduct of official Extension business. I accept full liability for any breach of confidentiality which I may cause.

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Volunteer Signature

Date

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Witness Signature

Date

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