

Non-disclosure Acknowledgement

Name: _____
Job Title: _____
Organization: _____
System: IUID Registry
Date: _____

1. I acknowledge that I will have controlled access to the IUID Registry and the information available to me is sensitive and proprietary in nature. I am aware that unauthorized disclosure of data or information could damage the integrity of this project and compromise proprietary information. I understand that having controlled access to the IUID registry does not give other users authorization to view information other than that specifically approved and appropriate for the access level they hold.
2. I acknowledge that the information I receive will be given only to individuals specifically granted access and may not be further divulged without specific prior written approval from an authorized representative of the United States Government. Transmission or revelation of such information to unauthorized persons could subject me to prosecution under applicable laws.
3. I will not divulge, publish, or reveal by word, conduct, or any other means, such information or knowledge, except as necessary to do so in the performance of my official duties and in accordance with the laws of the United States, unless specifically authorized in writing in each and every case by a duly authorized representative of the United States Government. I take this obligation freely, without any mental reservation or purpose of evasion and in the absence of duress.
4. I understand that my access may be revoked at any time at the discretion of the designated IUID registry access authority.
5. I understand that any materials related to the IUID registry in my possession will be turned over to an appropriate government official or destroyed if:
 - My access is terminated
 - I complete the assigned task or project and I no longer require access the IUID registry for official business.

Name (Typed or Printed): _____

Signature: _____ Date: _____