

## Information Release Agreement

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The Office of Advancement has an obligation to maintain the confidentiality of the information entrusted to it by the College's alumni, friends and parents. The Office of Advancement also has the desire to support the activities of the College by providing assistance regarding events and communications which bring together alumni, donors and friends. The below signatory has requested an alumni mailing list from the Office of Advancement and has agreed to the following statements.

1. The requesting party is a current student or volunteer alumnus/a who is associated with the College-affiliated organization and/or alumni constituent group listed below.
2. The information released to the requesting party is confined to public information.
3. Public information is defined as: full name, address and telephone number, degree(s) and date of degree (s) awarded by Doane College, e-mail address, fax number(s).
4. The information will be used only in support of approved college activities.
5. Approved activities are defined as: alumni relations, development, school/office communications to alumni/constituents, student recruitment, continuing education programs.
6. If there is a dispute about what constitutes an approved activity of Doane College, the final decision will rest with the Vice President of Institutional Advancement and Marketing or his/ her designee.
7. No information will be released on records coded "Privacy Record," which indicates the alumnus/a requested that his/her information not to be released.
8. The requesting party will not release or share the information with anyone who is not associated with the College-affiliated organization and/or alumni constituent group listed below.
9. The requesting party will take reasonable measures to protect the provided information and will allow members of their College/Alumni Organization to opt out of any communications.

I agree to the above terms and conditions:

\_\_\_\_\_  
Requesting Party Printed Name

\_\_\_\_\_  
College/Alumni Organization

\_\_\_\_\_  
Requesting Party Signature

\_\_\_\_\_  
Date