

Form 1
Municipal Freedom of Information and Protection of Privacy Act — ss. 1 to 8

AGREEMENT — ss. 1 to 8

This agreement is made between _____ (name of researcher),
referred to below as the researcher, and

referred to below as the institution),
referred to below as the institution.

The researcher has requested access to the following records that contain personal information and are in the custody or under the control of the institution: (Describe the records below)

The researcher understands and promises to abide by the following terms and conditions:

1. The researcher will not use the information in the records for any purpose other than the following research purpose unless the researcher has the institution's written authorization to do so: (Describe the research purpose below)

2. The researcher will give access to personal information in a form in which the individual to whom it relates can be identified only to the following persons: (Name the persons below)

3. Before disclosing personal information to persons mentioned above, the researcher will enter into an agreement with those persons to ensure that they will not disclose it to any other person.

4. The researcher will keep the information in a physically secure location to which access is given only to the researcher and to the persons mentioned above.

5. The researcher will destroy all individual identifiers in the information by _____ (date)

6. The researcher will not contact any individual to whom personal information relates directly or indirectly without the prior written authority of the institution.

7. The researcher will ensure that no personal information will be used or disclosed in a form in which the individual to whom it relates can be identified without the written authority of the institution.

8. The researcher will notify the institution in writing immediately upon becoming aware that any of the conditions set out in this agreement have been breached.

Signed at _____ this _____ day of _____, 20_____.

Researcher

Name: _____

Address: _____

Telephone: _____

Representative of Institution

Name: _____

Position: _____

Institution: _____

Address: _____

Telephone: _____