



Residence Life Confidentiality Statement

I understand that I will obtain personal and private information regarding individuals during the course of my work in the Department of Residence Life. My signature below verifies that the information I am subjected to during my role with Baker College will be held in strict confidence and will not be discussed or relayed to others. Violation of this statement will result in disciplinary action.

Print Name

UIN

Signature

Date

Witness

Date