ACPE ACCREDITATION COMMISSION

ACPE NON-DISCLOSURE AGREEMENT FOR INFORMATION   
FROM STUDENT RECORDS

I understand that as a member of the ACPE Accreditation process, I may have access to information from confidential student records. I will not retain copies of those records or information, nor will I disclose or use any information I might obtain from them in any process other than the one in which I am currently authorized to participate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of ACPE Member or Date

Commission Public Member