

### Data Release Restrictions Agreement

I, **\*\*Full Name of Requestor\*\***, certify that the data I am being provided by the Office of Institutional Advancement from the Alumni and Friends Database will be used for purposes that are related to the mission of Texas A&M University-Corpus Christi, and that I will maintain the confidentiality of this data. I certify that the information received from this request will not be used for commercial or political purposes and that this information will not be distributed or sold to others. I certify that this data will be held in the strictest of confidence and will be used for communication purposes only. I understand that this data is not to be used for fund-raising activities without the prior written approval of the Director of Development, Noel Vella (361) 825-2352, e-mail [Noel.Vella@tamucc.edu](mailto:Noel.Vella@tamucc.edu) \*, and I certify that this data will not be shared with any third party.

Please give a brief description of how this data will be used: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By signing this release form, I agree to the above restrictions.

\_\_\_\_\_  
**\*\*Full Name of Requestor\*\***

\_\_\_\_\_  
Date

**\*\*Full Title and Department of Requestor\*\***

*\*For more information about fund-raising activities or alumni programs, please contact the Office of Institutional Advancement at x2352.*

Signature of Institutional Advancement representative authorizing the release of the above-referenced data:

\_\_\_\_\_  
Sonia Hernandez

\_\_\_\_\_  
Date

Director of Advancement Services, Office of Institutional Advancement