

**AGREEMENT TO MAINTAIN CONFIDENTIALITY**

I, \_\_\_\_\_, having been duly appointed as a Student Intern from (college/university) \_\_\_\_\_, and being fully aware that during my Internship I may have access to confidential information, which may include but is not limited to court files, U.S. Probation Office files, U.S. Attorney’s Office files, presentence investigations, supervision files, substance abuse, mental health, medical, educational, employment, and treatment information; and that during my tenure as an Intern, I may come into contact with law enforcement agents or operatives; and that I may come in contact with individuals who may possess or have access to information; do hereby agree to not disclose any such information not only during my Internship, but subsequent to my termination from the Internship Program.

It is further understood that failure to maintain confidentiality of such information may be a violation of federal law and subject to prosecution.

Signed: \_\_\_\_\_

Witness: \_\_\_\_\_

\_\_\_\_\_  
Name of Student Intern

\_\_\_\_\_  
Name/Title

Date: \_\_\_\_\_

Date: \_\_\_\_\_