STUDENT CONFIDENTIALITY STATEMENT

[This statement is to be signed by any student involved in the Reporting process, including witnesses]

To protect all parties involved in a Report of Sexual Violence and the integrity of the Reporting and Investigation procedures, Yorkville Education Company's Policy on Prevention of Sexual Violence (the "Policy") requires that strict confidentiality be maintained during and after the investigation, to the extent practicable and appropriate in the circumstances.

In signing below, I confirm that I have been advised to keep confidential everything discussed in my meetings with [insert investigator name], except as may be required to be disclosed by law or as otherwise permitted as necessary under the Policy. The only additional exceptions to maintaining full confidentiality, is my ability to consult with my mental health counsellor or doctor, immediate family or lawyer. I understand that this obligation of confidentiality includes the subject matter of our discussions, the specific questions that I am asked and the fact that there is an investigation taking place. I also acknowledge that my failure to maintain confidentiality could subject me to disciplinary action by Yorkville Education Company, up to and including dismissal from my program.

If I know that I have already discussed the subject matter in question with anyone before my meeting with [insert investigator name], or if I realize during the course of this meeting that I have done so, then I will provide the details of any such communication to [insert investigator name] during the course of this meeting.

I acknowledge that I have been offered by [insert investigator name] to have a support person present prior to my attendance today. If I have chosen to attend this meeting alone, then I have waived that right. If my support person is present, then, by signing below, they also agree to be bound by the confidentiality provisions set out above.

Date:

Signature (student):

Date:

Signature (support person):