**Acknowledgement of Obligations Regarding Confidential Information**

In connection with the administration of the Supplemental Nutrition Assistance Program (SNAP), the undersigned, [ENTER FULL NAME] (“Recipient”), is conducting research on the experiences of individuals applying for SNAP benefits. As part of that research, the [State Agency] (“Disclosing Party”) may permit the Recipient to observe and/or gather information about certain application-processing or income-verification activities. This observation and information-gathering will be referred to in this document as “Research Activities.” Recipient acknowledges Recipient’s obligations to safeguard information obtained from the Disclosing Party during Research Activities as follows:

**Acknowledgment of Obligations**:

1. I acknowledge that, while conducting Research Activities, I may obtain information that is protected under State or Federal law, including information protected under 7 C.F.R. § 272.1(c), 45 C.F.R. § 205.50, and/or La R.S. 46:56 (“Confidential Information”). I understand that all such information is for use only in connection with the administration of SNAP and other Federal or Federally assisted benefits programs. I understand that I am not authorized to use Confidential Information for other purposes.
2. I acknowledge my obligation to comply with the Trade Secrets Act, 18 U.S.C. § 1905, throughout any Research Activities and afterward. I acknowledge that the Trade Secrets Act prohibits unauthorized disclosure of various forms of confidential information received by Federal employees in the course of their employment, including trade secrets and information about trade processes and operations, as well as the amount or source of any income, profits, losses, or expenditures of any person, firm, partnership, corporation, or association.
3. I acknowledge my obligation to comply with the Privacy Act, 5 U.S.C. § 552a. I acknowledge that the Privacy Act:

* Provides that Federal agency employees, such as myself, are not permitted to maintain or disseminate information from a system of records containing information about identifiable individuals, except in compliance with the Act; and
* Requires Federal agencies, including my employer, the [Employer], to establish adequate safeguards to ensure the security and confidentiality of systems of records containing personally identifiable information.

1. I acknowledge that [Employer] prohibits the disclosure of sensitive information, including information protected under Federal or State law, to unauthorized third parties, and understand my obligation to take reasonable precautions to prevent the disclosure of Confidential Information I receive to unauthorized third parties.
2. I understand that I must comply with the requirements and obligations outlined in this Acknowledgment throughout any Research Activities, and afterward, as well.

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Recipient's Signature

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

Recipient’s Typed Name and Title

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Recipient’s Office/Organization/Agency

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Date