**CONFIDENTIALITY AGREEMENT FORM**

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to maintain the confidentiality of any information obtained during or as a result of this contract. I will keep confidential all such information during and after the period covered by my contract with OAG.

I hereby agree that I will not at any time during or after the course of the work disclose any Confidential Information or materials to any person or entity for any reason or purpose whatsoever.  I may not reproduce, copy, transmit, distribute, retain or remove any Confidential Information at any time, unless such reproduction is necessary to complete the investigative report or otherwise perform contract work.  The obligation not to use or disclose Confidential Information survives the termination of the contract with OAG.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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