



## Instructions for completing the SEFSC Statement of Non-disclosure.

A Statement of Non-disclosure is required to be on file with the Southeast Fisheries Science Center prior to access of information for all persons requesting or wanting to use any data or information housed and maintained by the Center.

Please type or legibly print all information except for the Signature. All information on the form is required.

**Name:** Name of user wanting the information.

**Title:** Professional title of user wanting the information.

**Organization:** The organization from which the user is employed.

**Affiliation:** The association through which the user is working or performing.

Agency: Affiliation agency name.

Division: Affiliation division or branch.

Location: Affiliation street address.

**Name of User:** Full name of user in 'Name:' above.

**Signature:** Signature of user in 'Name:' above.

**Date:** The date the form was signed.

**Name (NMFS Supervisor/Program Mgr.)** Full name of Supervisor or Program Manager from the affiliating agency authorizing the user to have access to information wanted.

**Signature:** Signature of Supervisor or Program Manager authorizing the user.

**Date:** The date the form was signed.

### For SEFSC use only!

**Name of the SEC-ITSSO:** Leave blank.

**Access Certification:** Leave blank.

**Notification:** This notification is to inform you that NOAA/NMFS monitors all usage of Electronic mail, Internet activities, and Data retrieval under the jurisdiction of the Federal Government. There are severe penalties for the misuse of these resources. Your Signature on this form acknowledges you have been notified and are aware of this monitoring.