



INSTITUTE OF ADVANCED HEALTH TECHNOLOGY

32 COMMERCE ST. 4TH FLOOR, MONTGOMERY, AL 36104

ASU INSTITUTE FOR ADVANCED HEALTH TECHNOLOGY ATTESTATION

REFERENCE NUMBER _____
(if applicable)

Please check the for each document confirmation

- I hereby attest that I have read the ASU Institute for Advanced Health Technology AGREEMENT FOR CONFIDENTIALITY, TRADE SECRETS, AND INVENTIONS and will abide by the terms.
- I hereby attest that I have read the ASU Institute for Advanced Health Technology DISCRIMINATION AND HARASSMENT POLICY and I will abide by the policy.
- I hereby attest that I have read the ASU Institute for Advanced Health Technology. INTELLECTUAL PROPERTY POLICY and will abide by the policy. (For Directors, Advisory board, Project Leaders and Participants as required).

PLEASE CIRCLE ONE THAT FITS YOUR INDIVIDUAL STATUS

Employee, Director, ASU Faculty member, Consultant, Advisor, Intern, Student, Volunteer, Guest

PLEASE SIGN, DATE.

SIGNED _____ **PRINT NAME** _____ **DATE** _____