



**GENERAL INFORMATION**

Name of Requestor <i>Print or Type</i>	School/District/Agency
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Email Address	Phone <i>Area Code/No.</i>
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Data to be Accessed

Student-level data for training / limited use

Other *Specify:*

<b>Data Access Timeframe</b>	Begin Date <i>Mo./Day/Yr.</i>	End Date <i>Mo./Day/Yr.</i>	
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**DATA CONFIDENTIALITY AGREEMENT**

*To protect the privacy of students and staff, users are required to agree to each of the statements below and sign and date this form.*

**I HEREBY CERTIFY THAT:**

- 1. I will respect and safeguard the privacy of students and staff and the confidentiality of student data, staff data, and other data accessed.
- 2. I will comply with state and federal privacy laws and all local or agency-specific regulations, policies, and procedures established to maintain the confidentiality of student, staff, and other data accessed.
- 3. I will not disclose or transmit confidential student, staff, or other data to persons not specifically authorized to access these data.
- 4. I will use the confidential data for legitimate educational purposes only as necessary to perform my assigned tasks.
- 5. I understand that my password is as important as my signature. It is my obligation to keep my password confidential. I will not share my password with anyone. I will also not share my secure application access with anyone.
- 6. I will not use other user's login names or passwords.
- 7. I have viewed the [Protecting Personally Identifiable Information \(PII\)](#) training and understand my obligation to protect the confidentiality of the data that I will be accessing.

**SIGNATURE**

Signature of Requestor	Date Signed <i>Mo./Day/Yr.</i>
➤	

**DPI STAFF USE ONLY BELOW THIS LINE  
 DATA ACCESS REQUEST APPROVAL**

**I HEREBY APPROVE THE ACCESS FOR** the requestor mentioned above and confirm that the data access provided is intended for a legitimate educational purpose.

**Note:** *Instructors with economic indicator access should train on functionality of this role but should not show student-level data during training.*

<input type="checkbox"/> Approved <input type="checkbox"/> Approved as amended* <input type="checkbox"/> Disapproved*	Training Instructor Signature / DPI Director Signature ➤	Date Signed <i>Mo./Day/Yr.</i>
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\*Reason(s) for Amendment / Disapproval