



**INSTRUCTIONS -**

Participants: Complete this form and return to the trainer.

Trainers: Retain a copy of this form in your records for each participant.

**GENERAL INFORMATION**

Name of Requestor *Print or Type*

School/District/Agency

Email Address

Phone *Area Code/No.*

Data to be Accessed

- ☐ Student-level data for training / limited use  
☐ Other *Specify:*

**Data Access Timeframe**

Begin Date *Mo./Day/Yr.*

End Date *Mo./Day/Yr.*

**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 *Mo./Day/Yr.*



**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.*

- ☐ Approved  
☐ Approved as amended\*  
☐ Disapproved\*

Training Instructor Signature / DPI Director Signature



Date Signed *Mo./Day/Yr.*

\*Reason(s) for Amendment / Disapproval