Access to Confidential Data
AISD Staff/Non-AISD Partner Agreement

Please sign and return with the AISD Application for External Research or Evaluation.

Main Project Contact Person/Student: _____

Title of Project: _____

Address: _____

City/State/Zip: _____

Telephone: Work_____ Home_____

Fax_____ E-mail_____

Justification: Educational Research and Evaluation

I understand that any unauthorized disclosure of confidential information is illegal as provided in the federal Family Educational Rights and Privacy Act of 1974 (FERPA), 20 U.S.C. 1232 *eg. seq*. and in the implementing federal regulations found in 34 CFR Part 99. FERPA is specifically incorporated into the Texas Public Information Act (formerly known as the Open Records Act). It is listed as an exception to records that are subject to disclosures to the public.

In addition, I understand that any data, datasets or output reports that I, or any authorized representative, may generate are confidential and the data are to be protected. I will not distribute to any unauthorized person any data or reports that I have access to or may generate using confidential data.

I hereby agree that failure to abide by the requirements of this client agreement may lead to the immediate revocation of any contract (or research project) that I may be performing for AISD. I understand that any intentional, knowing, or negligent release of confidential student information to unauthorized persons may also subject me to a legal cause of action for violation of an individual's civil rights in addition to state or federal criminal penalties.

_____

Main Project Contact Person's/Student's Signature Date

_____

Project Director's/Supervising Professor's Signature Date