

EXHIBIT

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Descriptor Code: FGA-E5

STUDENT INFORMATION SHARING REQUEST FORM

Name: _____

Organization (list school building if district employee): _____

Date of request: _____

1. Purpose of request:

2. Information requested (e.g., names, email addresses, de-identified test scores, etc.):

3. If request is for use of software, app, or an online tool, list name of tool, app, or software and manufacturer/developer

4. Information will be collected from which grade levels and/or buildings (list)?

5. Will information be collected only from certain categories of students? If yes, list (e.g., female, Caucasian, students receiving free or reduced meals):

6. How long will the information be used (list dates)?

7. Who will have access to the information?

8. How will the information be collected (e.g., online survey, students complete online registration form, district prepares list)?

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9. Describe methods that will be used to protect the information from unauthorized access.

10. Describe method for destroying information after no longer in use.

In order to receive approval, the requestor must agree to the following:

1. The information requested shall be used only as delineated in #1 for the dates specified in #6 after which time the information will be destroyed in accordance with #10 at the requestor's expense. If the requestor is a district employee requesting to share student information with a third party, the third party shall be responsible for destroying the information at its expense after the deadline for use.
2. Only individuals listed in #7 shall have access to the information.
3. The requestor shall comply with any applicable parental consent requirements and/or opt-out requests for directory information.
4. The requestor shall complete any additional information sharing agreements required by law.
5. The Superintendent will be notified as soon as possible if the requestor suspects or knows that the student information was accessed by an unauthorized user or otherwise breached.

Note: If you are a district employee requesting to share student information with a third party, the third party must sign this form, or you must print the third-party's terms of service and attach them to this document in lieu of signing below.

I agree, **[on behalf of my organization]**, to comply with the above requirements.

Signature

Date

Print Name

Organization

- ☐ Terms of service are attached in lieu of signature. Requestor is still responsible for compliance with any applicable parental consent requirements and notifying a privacy officer if terms of service are not followed by the third party. _____
(requestor's initials)

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For internal use only

Request approved by the Board

- ☐ Yes, date: _____
- ☐ Parental consent will be required before requestor can access requested information
- ☐ Additional agreement required by law. These agreements are required when disclosure is to organizations conducting studies for or on behalf of the District or for purposes of a state or federal audit.
- ☐ No, date: _____

End of Ashley School District #9 Exhibit FGA-E5

[4/10]