



Statement of Nondisclosure for Columbia Public Schools Educational Data

Date: _____

Name: _____

Organization: _____

Research Title: _____

Address: _____

Phone: _____

Description of Data:

I acknowledge that the data records for which I am being granted access may contain confidential individually identifiable information as covered by the provisions of the Family Educational Rights and Privacy Act of 1974 and by Columbia Public Schools policies. I understand that:

1. Records may not be used for any purpose other than statistical analyses conducted to answer mutually agreed upon research questions.
2. I shall not make any release or publication whereby a person, building, or the district could be identified or for which the data furnished by or related to any particular person, building, or the district would lead to identification.
3. I may not release information that identifies individual students, teachers, schools or the district to anyone who has not completed a non-disclosure agreement (this form).
4. I will maintain the information in a secure physical and computing environment.
5. I agree to indemnify and hold the Columbia Public Schools harmless from any and all liability resulting from my use of the Records and acknowledge that the Columbia Public Schools may enforce this agreement in law and in equity. I agree to pay all costs associated with the enforcement of this agreement including, but not limited to attorney's fees and other costs of litigation.
6. I agree to promptly return all copies of Records in my possession and to discontinue use of Records in my possession upon the request of the Columbia Public Schools. This agreement and my right to possess and use Records may be terminated at any time.

Signature

Printed Name