


DSA EXHIBIT A
OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
STATEMENT OF CONFIDENTIALITY AND NON-DISCLOSURE

I acknowledge that I am an “Authorized User” under this Data-Sharing Agreement and I understand that I will have access to de-identified student-level information provided by OSPI. I understand that the information may be used solely for the purposes of work outlined in Exhibit A.

- I have been informed and understand that all information related to this Agreement is confidential and may not be disclosed to unauthorized persons. I agree not to divulge, transfer, sell, or otherwise make known to unauthorized persons any information contained in this system.
- I also understand that I am not to access or use this information for my own personal information but only to the extent necessary and for the purpose of performing my assigned duties as a researcher related to this Agreement. I understand that if I participate in any unauthorized disclosure of confidential information I may be subject to applicable disciplinary, civil, and criminal proceedings and/or penalties.
- I will comply with applicable state and federal student privacy laws, including without limitation the Family Education Rights Privacy Act, 20 U.S.C. 1232(g); the Richard B. Russell National School Lunch Act, 42 U.S.C. 1751 et seq.; the Child Nutrition Act of 1966, 42 U.S.C. 1771 et seq.
- I will protect the de-identified data in a manner that does not permit personal identification c

Signature: _____  _____ Date: _____

Printed Name, Title: _____

Organization hereby assures the Office of Superintendent of Public Instruction (OSPI) that: (1) the above named person has been informed of the obligations and limitations respecting the non-disclosure of information established by the Data-Sharing Agreement between _____ and OSPI, (2) no student-level information will be disclosed to any person or entity not expressly authorized by or pursuant to the Agreement to receive such information, (3) shall adequately safeguard all such confidential information from disclosure or access to by unauthorized persons, and (4) all confidential information provided by or through OSPI will be returned to OSPI or destroyed prior to the expiration of the Agreement, or immediately upon termination of the Agreement by either party.

Signature: _____  _____ Date: _____

Printed Name, Title: _____

(An original of this signed document must be returned to the Office of Superintendent of Public Instruction.)