

**Lancaster ISD Office of Research and Evaluation
Form C – Assurances and Confidential Data Access**



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| MAIN PROJECT CONTACT INFORMATION | | Project ID: |
| First Name: | Last Name: | |
| Position: | Organization | |

Project Title:

I. ASSURANCES TO LANCASTER ISD

You will be asked to provide a signed copy of these assurances when your application is approved.

By submitting this application, you agree to the following terms and conditions which are described in detail on the Lancaster ISD Research website:

1. I understand that I am requesting assistance in a research and evaluation project and I am not requesting information pursuant to the Texas Open Records Act. If my request to conduct research and evaluation assistance is granted, I agree to abide by all policies, rules, and regulations of the district including securing written parental permission prior to implementation of my project, and maintaining the confidential nature of records, and the privacy and rights of the individual and school.
2. I have read the Procedures for Research and Evaluation in the Lancaster Independent School District by Outside Agencies or Individuals and understand that supervision of this project and responsibility for a report on its outcome rests with me. I also understand that the privilege of conducting future studies in the Lancaster Independent School District is conditioned upon the fulfillment of such obligations.
3. 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.
4. 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.
5. 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 LISD. 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.

Signature - Main Project Contact Person/Student

Signature - Project Director/Supervising Professor

Printed Name

Printed Name

Date

Date