

Woodridge Local School District

AGREEMENT REGARDING RELEASE OF EDUCATION RECORDS TO ORGANIZATIONS CONDUCTING STUDIES FOR OR ON BEHALF OF THE DISTRICT

This is to acknowledge that I have been provided personally identifiable student information of students in grades _____ at _____ for purposes of a study being conducted by _____ **[insert name of organization that is conducting the study]**. This information shall be used exclusively for the purposes of the study, as indicated below, and will not be provided or disclosed to anyone other than representatives of _____ with legitimate interests in the information (i.e., those with a need to know). _____ **[insert name of organization]** affirms that it will take steps to assure the confidentiality of the personally identifiable information at all stages of the study, including within the final report.

Purpose of study: _____

Scope of study: _____

Duration of study: _____

Type of information disclosed: _____

(Additional information can be provided on a separate sheet of paper if necessary).

I agree that within _____ days after the information is no longer needed for purposes of the study, or after the duration of the study has concluded, all information provided by the Board of Education in connection with that study will be destroyed and I will not maintain any copies of the information.

(Name of Organization Representative)

(Organization)

(Signature)

(Date)

(Superintendent's Signature) **[Note: this could be the COR or DRO's signature]**

(Date)

9/15/09
10/16/12