

# WASHOUGAL SCHOOL DISTRICT

4855 EVERGREEN WAY  
PH: 360.954.3000



WASHOUGAL, WA 98671  
FAX: 360.954.3099

## STUDENT DATA CONFIDENTIALITY AGREEMENT

I acknowledge my responsibility to respect the confidentiality of student records and to act in a professional manner in the handling of student performance data. I will ensure that confidential data, including data on individual students, is not created, collected, stored, maintained, or disseminated in violation of state and federal laws.

Furthermore, I agree to the following guidelines regarding the appropriate use of student data collected by myself or made available to me from other school/system employees, Skyward, EDS, SDS/Homeroom or any other file or application I have access to:

- I will comply with school district, state and federal confidentiality laws, including the state Data and Information Governance and Use Policy, the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g and 34 CFR Part 99; and, and the Washougal Schools Student Data Confidentiality Agreement.
- Student data will only be accessed for students for whom I have a legitimate educational interest and will be used for the sole purpose of improving student achievement.
- I understand that student specific data is never to be transmitted via non-internal e-mail or as an e-mail attachment unless the file is encrypted and/or password protected.
- I understand that it is illegal for a student to have access to another student's data. I will not share any student's information from any source with another student.
- I will securely log in and out of the programs that store student specific data. I will not share my password. Any documents I create containing student specific data will be stored securely within the District network or within a password protected environment. I will not store student specific data on any personal computer and/or external devices. (external devices include but are not limited to USB/Thumb drives and external hard drives)
- Regardless of its format, I will treat all information with respect for student privacy. I will not leave student data in any form accessible or unattended, including information on a computer display.

By signing below, I acknowledge, understand, and agree to accept all terms and conditions of the Washougal School District Data Confidentiality Agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
School

Does this person need Skyward Access for the 2018-2019 School Year?  Yes  No

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send this form to Boo Stevens at District Office, and provide details on permissions needed via e-mail to [ithelp-skyward@washougalsd.org](mailto:ithelp-skyward@washougalsd.org)

**District Office Use:** Skyward user created