**SCHOOL DISTRICT U-46**

**CONFIDENTIALITY AGREEMENT FOR INVESTIGATORS**

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| --- | --- | --- |
| **Name:** Click here to enter text. | | **Date:** Click here to enter a date. |
| **Organization Name:** Click here to enter text. | | |
| **Proposal Title:** Click here to enter text. | | |
| **Mailing Address:** Click here to enter text. | | |
| **Phone:** Click here to enter text. | **Email:** Click here to enter text. | |

Pledge of Confidentiality:

I have received approval of my research proposal to access data derived from confidential files supplied by School District U-46 (the “District”). I am aware of restrictions to use of such data specified by Federal Educational and Privacy Rights Act, 28 USC 1232 (g) (“FERPA”) and the Illinois School Student Records Act (ISSRA), 105 ILCS 10/1 *et seq.,*  and all corresponding regulations.

I agree to fulfill my responsibilities on this project in accordance with the procedures and requirements established in the approved Data Use Agreement. These conditions include the following:

1. I will use data only for the research purposes set forth in the proposal.

2. I will not attempt to identify individuals, families, or households.

3. In the event of that the identity of an individual, family or household is discovered inadvertently, I will:

4. I will never release data to anyone who has not been authorized by the District to receive such data.

5. I will never report results in a way that could permit inadvertent disclosure of an individual.

6. I will share study results with the District.

7. I will destroy the data at the end of this project.

Anyone failing to abide by the procedures established in the approved Data Use Agreement will lose access to data from the District.

Signature: Date: