



SCHOOL DISTRICT VOLUNTEER AFFIDAVIT OF NONDISCLOSURE

Volunteer name: _____

Address: _____

Phone: _____

Volunteer date(s): _____

I understand that the performance of my assigned tasks as a volunteer at the _____ School District may involve a need to access and review confidential information, including data protected by the Family Educational Rights and Privacy Act of 1974 (FERPA) and its implementing federal regulations found at 34 C.F.R. Part 99; that my request for access to this information will be evaluated under the federal and state requirements under FERPA; and, that I am required to maintain the confidentiality of this information and prevent any re-disclosure prohibited under the law as stated below.

Access to Confidential FERPA-Protected Information

By signing this document I acknowledge my responsibility to maintain the confidentiality of this information and agree to the following:

- I will not permit access to confidential FERPA-protected or other confidential information to persons not authorized by the school district.
- I will maintain the confidentiality of the data.
- I will not reveal any individually identifiable information furnished, acquired, retrieved or assembled by me or others for any purpose other than statistical purposes specified in the school district survey, project, or proposed research.
- I will report any known instances of missing data, data that has been inappropriately shared, or data taken off site to the school district.

I understand that procedures must be in place for monitoring and protecting confidential information.

- I understand and acknowledge that FERPA-protected information obtained under provisions of FERPA as a volunteer of the school district is confidential information.
- I understand that any unauthorized disclosure of confidential FERPA-protected information is illegal as provided in the FERPA. The penalty for unlawful disclosure is a fine of not more than \$250,000.00 (under 18 U.S.C. 3571) or imprisonment for not more than five years (under 18 U.S.C. 3559), or both.
- I understand that any personal characteristics, that could make the student or his/her family's identity traceable or re-identifiable, are protected.
- In addition, I understand that any data sets or output reports that I may generate using confidential data are to be protected. I will not distribute to any unauthorized person any data sets or reports that I have access to or may generate using confidential data. I understand that I am responsible for any computer transactions performed as a result of access authorized by use of sign-on/password(s).

Volunteer signature

Date

School District representative signature

Date