Migrant Data Nondisclosure of Confidential Information

Migrant ACCESS

1. Fill out the attached **Nondisclosure Form for 2016-17**
   To avoid any delays, please fill out form completely.

2. Mail **ORIGINAL** form to OSPI before October 1, 2016
   (No faxes or copies accepted. Forms must have original signature, **preferable in blue ink**)

   OSPI
   ATTN: Migrant & Bilingual Dept.
   PO Box 47200
   Olympia, WA 98504-7200

3. After receipt of the **ORIGINAL** Nondisclosure Form, OSPI notifies MSDRS (Migrant Student Data, Recruitment & Support office) to activate the user.
   (Please allow three to five working days for OSPI to receive the form in the mail)

4. After activation of the account, MSDRS will issue the User Password via email.

Any questions please contact, Terrie Beckman at 360-725-6150 or terrie.beckman@k12.wa.us

2016-17
MSIS Form

OSPI STAFF USE

OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
NOTICE OF UNDERSTANDING AND PROMISE
RESPECTING THE NONDISCLOSURE OF CONFIDENTIAL INFORMATION

I understand that I will be working directly or indirectly with confidential information and that the term "confidential information" means any and all information provided by the Office of Superintendent of Public Instruction to Migrant Student Data, Recruitment and Support/Sunnyside School District, its staff, employees, officers, agents, and independent contractors which is exempt from mandatory disclosure pursuant to the state public disclosure laws at chapter 42.17 RCW, including, but not limited to:
1. Any assessment-related information, the disclosure of which could impair or compromise the validity or reliability of the assessment, including, but not limited to (a) student assessment and test items, questions, problems and exercises, (b) student assessment and test scoring keys and other data used to administer a student assessment, and (c) any other assessment-related information, the disclosure of which could impair or compromise the validity or reliability of a student assessment.
2. Any personally identifiable student-related information, including, but not limited to (a) student names, (b) the name of a student's parent or other family members, (c) student addresses, (d) the address of a student's family, (e) personal identifiers such as a student's social security number or student number, (f) personal characteristics that would make a student's identity easily traceable, (g) any combination of information that would make a student's identity easily traceable, (h) test results for schools and districts which test fewer than ten students in a grade level, and (i) any other personally identifiable student related information, or portrayal of student related information in a personally identifiable manner.

I further understand that I am prohibited from directly or indirectly making any unauthorized disclosure of any such confidential information to any other person or entity, and I swear or affirm and promise that I will not do so. Finally, I understand that if I participate in any unauthorized disclosure of confidential information I may be subject to applicable disciplinary, civil, and criminal proceedings and/or penalties.

DATA USER **Incomplete forms will not be processed**

Level of Access Requested to MSIS *(select one)* ☐ **Read Only** **or** ☐ **Read & Edit**	
Name (please print):	
Title:	
Privilege Level Requested: *(select one)* ☐ **RC/RT** ☐ **HEP/CAMP** ☐ **MSDRS Staff** ☐ **State Staff** ☐ **Other Ed Staff** ☐ **Preschool**	
Work Phone: ( )	**Work Email:**
District:	
Date:	**Signature:**

DISTRICT ADMINISTRATOR APPROVING DATA USER'S REQUEST FOR ACCESS:
(The original, signed document must be returned to the Migrant Education Program at the Office of Superintendent of Public Instruction. Keep a copy for your records.)

Name (please print):	
Title:	
Date:	**Signature:**