



## Statement of Confidentiality and Compliance with Board Policies and Family Educational Rights and Privacy Act (FERPA)

As a condition for engaging in research within Murfreesboro City Schools, I understand and acknowledge the importance of protecting the privacy and confidentiality of student education records, as required by applicable Board policies and the Family Educational Rights and Privacy Act (FERPA), including but not limited to 34 CFR §99.31(a)(6).

By signing below, I agree to the following:

**Compliance with Board Policies and Procedures:** I affirm that I have reviewed and understand the applicable Murfreesboro City Schools Board of Education policies and procedures related to confidentiality, data security, and student privacy. I agree to comply fully with these policies and procedures as they pertain to my research activities within the school district.

**Adherence to FERPA Requirements:** I commit to adhering to all FERPA requirements concerning the access, handling, and use of student education records. I understand that I am permitted to access personally identifiable information (PII) from education records only as specifically authorized for my research and as allowable under 34 CFR §99.31(a)(6).

**Limitation of Use and Disclosure:** I agree to use student education records and PII solely for the purposes of my approved research and in a manner that ensures these records and information remain confidential. I will not disclose or share PII from education records with unauthorized individuals or entities.

**Data Security and Privacy:** I understand that I am responsible for maintaining the confidentiality and security of all education records and PII in my possession. I will take appropriate measures to prevent unauthorized access to or disclosure of any such information.

**Reporting of Breaches:** I agree to promptly report any unauthorized disclosure, loss, or breach of confidential information to the Assistant Superintendent of Curriculum and Instruction.

I understand that failure to comply with these confidentiality requirements may result in termination of my research privileges and may also have legal consequences.

Researcher Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

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