EXHIBIT

Descriptor Code: FGA-E5

STUDENT INFORMATION SHARING REQUEST FORM

Name: Organization (list school building if district employee): Date of request:			
		1.	Purpose of request:
2.	Information requested (e.g., names, email addresses, de-identified test scores, etc.):		
3.	If request is for use of software, app, or an online tool, list name of tool, app, or software and manufacturer/developer		
4.	Information will be collected from which grade levels and/or buildings (list)?		
5.	Will information be collected only from certain categories of students? If yes, list (e.g., female, Caucasian, students receiving free or reduced meals):		
6.	How long will the information be used (list dates)?		
7.	Who will have access to the information?		
8.	How will the information be collected (e.g., online survey, students complete online registration form, district prepares list)?		

I agree, on behalf of my organization, to comply with the above requirements.

Signature

Date

Print Name

Organization

Terms of service are attached in lieu of signature. Requestor is still responsible for compliance with any applicable parental consent requirements and notifying a

(requestor's initials)

privacy officer if terms of service are not followed by the third party.

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For internal use only		
Reque	est approved by the Board	
	Yes, date:	
	Parental consent will be required before requestor can access requested information.	
	Additional agreement required by law. These agreements are required wher disclosure is to organizations conducting studies for or on behalf of the District or for purposes of a state or federal audit.	
	No, date:	
End of New Town Public School District Exhibit FGA-E5		

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