

Access and use of Confidential Data and Sharing Project Results

[Form A]

Researcher/Study Investigator: _____ Submission Date: _____

Title of Proposed Research: _____

Institution/ Affiliation: _____

- ☐ I understand and agree that I am requesting permission to conduct research in Hillsborough County Public Schools.
- ☐ I have read, understand, and agree to the “Guidelines for Conducting Research in Hillsborough County Public Schools.”
- ☐ I understand and agree that the privilege of conducting future studies in Hillsborough County Public Schools is contingent upon fulfillment of my obligations.
- ☐ I understand and agree to submit any proposed changes for review and approval prior to being implemented and report any adverse or unexpected events immediately.
- ☐ I understand and agree that any unauthorized disclosure of confidential information is illegal as provided in the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. 1232g and 34 CFR Part 99), and Hillsborough County Public Schools, Public Law 104-191; 45 CFR Parts 160 and 164, and 8330 Student Records. I understand and agree that personal identification information (PII) of subjects and locations are kept confidential.
- ☐ I understand and agree to abide by the Hillsborough County Public Schools Policies 7540.04 and 7542.
- ☐ Where applicable, I understand and agree that I am responsible for any computer transactions performed because of access authorized using my sign-on(s)/password(s)
- ☐ I understand and agree to the Hillsborough County Public Schools policy regarding the use, retention and disposal of all confidential data. Confidentiality of all participants will be protected to the extent allowed by law. The anonymity of individual students, staff members and schools in any report(s) and in any publication(s), e.g., journal article(s), book(s), etc., which incorporate any information derived from the research conducted within the Hillsborough County Public Schools will be maintained.

☐ Upon completion, I agree to provide the Research Review Committee with an electronic copy of the research study and future publications where applicable.

Are you are conducting this research on behalf of another organization? If yes, provide the organization name and contact information

_____.

If you are external to HCPS, do you have a sponsor? If yes, provide the sponsor name and contact information

_____.

Signature of Researcher/Study Investigator: _____

Date: _____

Please sign and scan or electronically sign using the "Fill & Sign" button in Adobe [Place Signature]. If you submit this document with an electronic signature, you acknowledge that this electronic signature serves as your valid signature under the Florida Electronic Signature Act and the federal Electronic Signatures in Global and National Commerce Act.