Data Sharing Agreement Form [Form C]

Researcher/Study Investigator: ______________________________ Submission Date: ___________

Title of Proposed Research: ____________________________________________________________

Institution/ Affiliation: __________________________________________________________________

Please initial or mark each box indicating your acceptance of our procedures and requirements of Data and Sharing

☐ I have read, understand, and agree to the “Guidelines for Conducting Research in Hillsborough County Public Schools.”

☐ I understand and agree to submit payment for services rendered for HCPS to acquire my requested data.

☐ I understand and agree that my requested data will only be accessible to me via One-Drive for 72 hours.

☐ I understand and agree that should I require additional access to my securely shared data, that I will formally resubmit a request to do so.

☐ I understand and agree that permission to re-access my requested data may or may not be granted based upon HCPS discretion.

☐ I understand and agree to abide by the Hillsborough County Public Schools Policies 7540.04 and 7542, Use of Electronic Resources

☐ Where applicable, I understand and agree that I am responsible for any computer transactions performed because of access authorized by the use of 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.

☐ 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.

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

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.