



Office of the Chief of Staff
1200 First Street NE, 12th Floor, Washington, DC 20002
202-724-4651
researchrequests@dc.gov

**Security Pledge for the Use of Confidential Data
From the District of Columbia Public Schools- Attachment A**

Through my affiliation with the service provider referred to as “Organization” under my name below, I will have access to certain confidential information provided to Organization by the District of Columbia Public Schools (DCPS). I acknowledge that such confidential information is personal and private to DCPS and/or DCPS students, their families, or DCPS personnel. I understand that access to this confidential information carries with it the responsibility to guard against unauthorized use and the possibility of unauthorized access. To treat information as confidential means not to divulge it to anyone who is not an employee or volunteer of the Organization authorized to view such information, or to cause it to be accessible to anyone who is not an authorized employee or volunteer of Organization.

I understand that disclosing confidential information directly or allowing unauthorized access to such information may subject me to criminal prosecution and/or civil recovery and may violate District of Columbia laws and DCPS rules and regulations.

I recognize my duty and responsibility to comply with all applicable privacy laws and agree to the following (please initial in each space provided):

_____ I will access information only as required to perform my assigned duties.

_____ I will not disclose any personally identifiable information from education records, or any other confidential information, including employee records, to any person, organization or entity, including other government agencies, without express written permission from the DCPS Office of the Chief of Staff.

_____ If any person or entity requests personally identifiable or other confidential information from me, I will refer the request to the DCPS Office of the Chief of Staff.

_____ I will not access, or attempt to access, any information that is not necessary to carry out my job. This includes information about my children, their teachers or schools, members of my family, friends and acquaintances.

_____ I will only store information in pre-approved or authorized locations.

_____ I understand that any account information, identification numbers and passwords assigned to me are confidential information and I will not share such information with any other person or entity.

_____ If I become aware that a breach of confidentiality has occurred I will immediately notify the DCPS Office of the Chief of Staff. I will also make all reasonable efforts to cure any such breach and to prevent further breaches, and to inform the DCPS Office of the Chief of Staff of such efforts.

_____ I understand that all information I will have access to shall remain the property of DCPS and shall be returned to DCPS promptly upon request along with all copies made thereof.

By signing below I acknowledge that I have read this DCPS Non-Disclosure Agreement and that I agree to be bound by its terms and conditions.

Provider Employee:

Name (Print): _____

Organization: _____

Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

DCPS Contact:

Name (Print): _____