



## Research Application Confidentiality Agreement Form

### CONFIDENTIALITY AGREEMENT FORM

To be completed by the Applicant, Sponsor, District Administrator and/or Principal.  
Make as many copies of this form as needed for signatures of all parties involved.

I \_\_\_\_\_ understand and agree:

(print name)

- To follow all Pharr-San Juan-Alamo ISD guidelines, policies and procedures.
- To provide a copy of the final report for review knowing the report may be shared within the district at the district's discretion.
- To not use the name of the district, school, or individual in any publication as a result of the research study without prior written authorization from the Superintendent of Schools.
- To destroy any personally identifiable data immediately upon completion of the research study.
- To protect confidentiality and not distribute any data, dataset or output reports that are generated due to this request without prior written authorization from the district.
- To prevent unauthorized disclosure of confidential information. Any unintentional or negligent release of confidential student information may lead to the immediate revocation of any contract (or research project) that I may be performing and may also subject me to a legal cause of action for violation of an individual's civil rights in addition to state or federal criminal penalties. Unauthorized disclosure is illegal as provided in The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99).

**Signature of Applicant**

**Date**

**Print Name of Sponsor/District Administrator/Principal**

**Date**

**Signature of Sponsor/District Administrator/Principal**

**Date**

**Office Use Only:**

**Approved**     **Denied**

\_\_\_\_\_  
**Signature of Research Council Representative**

\_\_\_\_\_  
**Date**

6/2023