

**EXHIBIT 4**

**Affidavit of Non-Release of Data for Agents of OPI, Other Entities, or Researchers**

*This form will be used to identify an agent of OPI, other entity, or researcher who requests access to confidential student information. The completed form is to be forwarded to the OPI Help Desk who will set up the user security roles. If you have questions regarding this form, please contact the OPI Help Desk at 444-3448.*

I, \_\_\_\_\_, do solemnly swear that when given access to the student information data provided by the OPI, I shall not:

1. Use or reveal any personally identifiable information furnished, acquired, retrieved, or assembled by me or others;
2. Make any release or publication whereby an individual could be identified or the data furnished by or related to any particular person can be identified. The re-release of such student information is prohibited by the Family Educational Rights and Privacy Act of 1974; or
3. Permit anyone other than the individuals authorized by \_\_\_\_\_ (name of the agency or school) to examine the individual reports.

I intend to use the data to: (check all that apply)

- Audit or evaluate                       Comply with an enforcement proceeding
- Improve instruction                       Develop, validate, or administer predictive tests
- Other (please describe)

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I understand if, through my negligent or intentional acts, I violate this policy by inappropriately releasing data from an education record, I will be subject to potentially permanent loss of access to education records. Additionally, I understand and agree the OPI may utilize all legal remedies to recover for any financial loss to the State which occurs due to my negligent or intentional acts which constitute a violation of this policy. I further agree to pay for the defense of all claims asserted against the State as a result of my negligent or intentional acts which constitute a violation of this policy.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Date: \_\_\_\_\_

Notary Public and Seal: \_\_\_\_\_

<b>This section to be completed by the OPI staff:</b>	
LOA or Contract #	<input type="text"/>
Access Approved <input type="checkbox"/>	Access Denied <input type="checkbox"/>
Effective Dates of Contract:	_____
Signature of Security Officer:	Date: _____

