

Non-Employee Information Access

Non-Disclosure of Confidential Information Agreement

As a partner with WWPS, serving in your role as _____ (title), I _____ (name) understand that I will be working directly or indirectly with confidential information and that the term “confidential information” means any and all information obtained by or created for WWPS which is exempt from mandatory disclosure pursuant to the state public disclosure laws at Chapter 42.17 RCW including, but not limited to:

1. Any assessment-related information, the disclosure of which could impair or compromise the validity or reliability of the assessment, including but not limited to:
 - a. Student assessment and test items, questions, problems, and exercises;
 - b. Student assessment and test scoring keys and other data used to administer a student assessment.
2. Any other personally identifiable student related information, or portrayal of student related information in a personally identifiable manner, including, but not limited to:
 - a. Student demographic data (name, address, SSN, gender, DOB, etc.)
 - b. Personal student number identifiers, such as student ID, SSID, other ID, etc.
 - c. Any combination of information that would make a student’s identity easily traceable, such as Special Education, LAP, race, Free and Reduced Lunch, etc.
 - d. Test results for schools and districts which test fewer than 20 students per grade level.

I understand that I shall safeguard all confidential information from disclosure to or access by unauthorized persons by strictly adhering to physical, electronic, and managerial safeguards now and hereafter adopted by WWPS against unauthorized access to and unauthorized disclosure of such information. These safeguards include, but are not limited to, restricting access to confidential information to only those authorized staff, officials, and agents of WWPS who need it to perform their official duties; storing confidential information in an area that is safe from access by unauthorized personnel during duty hours as well as non-duty hours or when not in use; implementing electronic safeguards established by WWPS policies and procedures; and assuring that only authorized staff, officials, and agents of WWPS are provided access to online files containing confidential information.

I understand that I am prohibited from directly or indirectly making any unauthorized disclosure of any such confidential information to any other person or entity, and I swear and affirm that I will not do so.

Finally, I understand that if I participate in any unauthorized disclosure of confidential information I may be subject to applicable disciplinary, civil, and criminal proceedings and/or penalties.

Non-Employee Signature _____ **Date** _____

Printed Name & Title _____

Personal Physical Address _____

Phone number & Email _____

Walla Walla Public Schools (WWPS) hereby grants permission to the aforementioned individual to have access to the following systems and student information in order to perform official duties:

System Access Guideline for approved areas: **Circle accesses that are needed**

System Account	Grant/Project/Organization						
	GearUp	AEP staff	WWCC R S	ESD123	Student Teacher	Health Cntr	Other
WWPS NetworkID	X				X	X	
Skyward							
-Demographics	X	X	X	X	X	X	
-Grades	X	X	X	X	X		
-Assessment		X			X		
-Attendance	X	X		X	X	X	
-Discipline		X			X		
-Health/Nurse						X	
OASIS					X		
Google	X		X		X	X	
-email group/list	X		X				
Online Curriculum							
EDS - State site		X					

WWPS hereby represents and warrants that it has complied with all applicable provisions of the Family Educational Rights and Privacy Act of 1974 and 34 CFR Part 99 necessary for it to authorize _____ (non employee's individual name) to be provided with the aforementioned information.

The authorized individual agrees to comply with WWPS Electronic Resources & Internet Safety policy 2022 and Acceptable Use Guidelines.

Granted accesses timeline from _____ (date) to _____ (date).

The undersigned represents WWPS and he or she is authorized to execute this instrument on behalf of WWPS: **Principal or Designee**

District Employee Signature _____ Date _____

Printed Name _____ Phone Number _____

Building _____ Position _____