

# ROOSEVELT SCHOOL DISTRICT NO. 66

## Student Management Information System (SMIS)

### Confidentiality Agreement

Roosevelt School District requires any employee or third party person who is requesting access to student data to read, complete and sign this Confidentiality Agreement prior to granting access to the Student Management Information System (SMIS). **The following must be completed in its entirety; if any field is left blank, the form will be considered VOID.**

USER NAME (AS SHOWN ON E-MAIL):

DATE OF USER TRAINING:

USER JOB TITLE:

#### School (please indicate which school is needed for SMIS access, check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> T.G. Barr       | <input type="checkbox"/> C.O. Greenfield                | <input type="checkbox"/> Ed Pastor                   |
| <input type="checkbox"/> Bernard Black   | <input type="checkbox"/> Amy Houston Academy            | <input type="checkbox"/> Rose Linda                  |
| <input type="checkbox"/> M.O. Bush       | <input type="checkbox"/> C.J. Jorgensen                 | <input type="checkbox"/> Southwest                   |
| <input type="checkbox"/> Cloves Campbell | <input type="checkbox"/> P.L. Julian                    | <input type="checkbox"/> Sunland                     |
| <input type="checkbox"/> Cesar Chavez    | <input type="checkbox"/> J.F. Kennedy                   | <input type="checkbox"/> Valley View                 |
| <input type="checkbox"/> Ignacio Conchos | <input type="checkbox"/> M.L. King Early Childhood Cntr | <input type="checkbox"/> District (All Schools)      |
| <input type="checkbox"/> J.R. Davis      | <input type="checkbox"/> V.H. Lassen                    | <input type="checkbox"/> Private Placement Locations |

#### User Group (please mark **ONE** box below to indicate user group needed for SIMS access)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Behavior Specialist              | <input type="checkbox"/> ELL Needs Data Entry            | <input type="checkbox"/> SPED Needs Data Entry         |
| <input type="checkbox"/> Clerk (Attendance)               | <input type="checkbox"/> Homeless Needs Data Entry       | <input type="checkbox"/> Teacher                       |
| <input type="checkbox"/> Child Nutrition Services (CNS)   | <input type="checkbox"/> Nurse                           | <input type="checkbox"/> Technology                    |
| <input type="checkbox"/> District Administrator           | <input type="checkbox"/> Principal / Assistant Principal | <input type="checkbox"/> Title I Needs Data Entry Only |
| <input type="checkbox"/> District Administrator Assistant | <input type="checkbox"/> Pupil Personnel                 | <input type="checkbox"/> Other _____                   |
| <input type="checkbox"/> Early Child Needs Data Entry     | <input type="checkbox"/> SIPS                            | <input type="checkbox"/> Other _____                   |

As a condition to access student information, the employee or third party person agrees to the following:

1. An employee will not disclose to any third party any information without first obtaining permission from the Business Manager, Director of SPED, or Superintendent.
2. The employee or third party person will use the highest degree of care to avoid disclosure or publication of any student information without consent by the Business Manager or Superintendent.
3. Upon discovery if any misuse of student information by an employee or third party person, the Business Manager and/ or Superintendent must be notified.
4. The employee or third party will not use the disclosed student information for any purpose other than to perform the work required by the District Administration and/or Arizona Department of Education.
5. The employee or third party will not copy or otherwise reproduce any student information except as necessary in the performance of the work requested by the District Administration and/or Arizona Department of Education.
6. The employee or third party will not share their password with another person or permit another person to use their login account that can access student information.
7. To be held accountable for your actions and for the loss of privileges if the rules of confidentiality are violated.

If the above is acceptable by User's Supervisor, please sign/date below and return to the Technology Department Attn: Melissa Gutierrez, RooseveltSchool District.

### Approval

USER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

USER SUPERVISOR'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

#### \*\*TECHNOLOGY DEPARTMENT USE ONLY\*\*

DATE RECEIVED: \_\_\_\_\_

DATE ENTERED INTO SMIS: \_\_\_\_\_

INITIALS: \_\_\_\_\_

NOTES: \_\_\_\_\_