



REQUIREMENTS AND REQUEST FOR SCHOOL DISTRICT AND CHARTER SCHOOL ACCESS

Education Data System Applications

IDAHO STATE BOARD OF EDUCATION
TECHNOLOGY SERVICES | ISEE

650 W STATE STREET, 3RD FLOOR
BOISE, IDAHO 83702
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In compliance with the Family Educational Rights and Privacy Act (FERPA), the Statewide Longitudinal Data System (SLDS) shields unauthorized users from accessing data that is made available by various Idaho Education Data Applications.

To ensure proper security measures for access to Education Data Applications, Idaho State requires that each School District Superintendent and Charter School Administrator complete, sign, and submit to the State, a Certification of Identity and Acknowledgment of Status as User Authorization Authority. Access to Education Data Applications by users authorized by the school district or charter school is contingent upon the submission of this required form. The completed form should be emailed to the Idaho State Board of Education, IT Department at support@sde.idaho.gov, by the Superintendent or Charter School Administrator. The original version of the completed and signed form must be mailed within fourteen calendar days of the email to:

**Idaho State Board of Education
650 West State Street, Suite B15
Boise, ID 83720**

Each School District Superintendent and Charter School Administrator is responsible for granting access for their district or charter school users to Idaho Education Data Applications, ensuring that each user has a legitimate “educational interest” in the student and the student’s data to which access is being granted, and for ensuring that any re-disclosures of information by such users comply with all applicable state and federal statutes and regulations.

By completing the sections below, District Superintendents and Charter School Administrators acknowledge their understanding of the conditions regarding data access and establishing of authorized delegates for the District/Charter management of data access through Education Applications.

Penalties, including but not limited to, data system access denial, may be imposed for the failure to act in a manner that is in accordance with the conditions above. Sharing of user account information (e.g. usernames and passwords) by an authorized individual to others is prohibited.

CERTIFICATION of IDENTITY

I, _____, holding the position of **Superintendent - Charter School Administrator** hereby certify that I have received, read, and agree to the conditions in the Requirements and Request for School District and Charter School Access to Idaho Education Data Applications document (Page 1), and the information submitted below is true and correct.

Superintendent or Charter School Administrator Information:

Printed Name: _____

District/Charter Name and State ID Number: _____

Mailing Address _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Signature: _____

Date: _____

All District Superintendents or Charter School Administrators must complete and email these forms to gain access to Idaho Education Data Applications. Please email completed forms to support@sde.idaho.gov, and within fourteen calendar days, mail the original signed forms to Idaho State Board of Education, 650 West State Street, Suite B15 Boise, ID 83720.

DESIGNATION of REPRESENTATIVE

A District Superintendent or Charter School Administrator may delegate authorization and management duties, for users of Idaho Education Data Applications, to a Designated Representative, who must be an employee of the school district or charter school. The Superintendent or Charter School Administrator making a delegation, shall be responsible for the acts, or failure to act, of the designated representative. In cases of such delegation, the respective School District Superintendent or Charter School Administrator and the respective Designated Representative must complete, sign and submit the Certification of Identity form (Page 2), Designation of Representative form (Page 3) and Representatives Certificate of Acknowledgement form (Page 4). All completed forms should be emailed to the Idaho State Board of Education at support@sde.idaho.gov from the Superintendents email address. The completed and **signed** forms must be mailed within fourteen calendar days of the email.

I, _____, holding the position of **Superintendent - Charter School Administrator** hereby delegate authority for my District or Charter School, the responsibility of the establishment and management of user access to Idaho State Education Data System Applications as outlined within the *Requirements and Request for School District and Charter School Access to Idaho State Education Data System Applications* to

_____, who holds the organizational position of

_____. I certify that I have distributed and reviewed the *Requirements and Request for School District and Charter School Access* to Idaho State Education Data System Applications document (Page 1) with my Designated Representative, and instructed the Representative to complete the Representative's Certificate and Acknowledgement form (Page 4).

Superintendent / Charter School Administrator Signature:

District: _____

Date: _____

This form is required if the Superintendent or Charter Administrator desires to designate someone to manage local user access permissions for Idaho Education Data Applications, other than themselves.

REPRESENTATIVE'S CERTIFICATE of ACKNOWLEDGEMENT FORM

I, _____, holding the position of _____ hereby certify and acknowledge that the District Superintendent or Charter School Administrator of _____ (District or Charter School name) has authorized me to act as their agent for the purpose of establishing and maintaining Idaho State Department of Education data application user access authorization permissions as described within the *Requirements and Request for School District and Charter School Access* (Page 1). I have read the Requirements and Request for School District and Charter School Access to Idaho State Department of Education Data System Applications (Page 1) and agree to the conditions therein.

Printed Name of Designated Representative

Signature of Designated Representative

District or Charter School Name/number

Phone Number/Email Address

Date: _____

If the Superintendent or Charter Administrator chooses to delegate their user access management responsibilities, the Designated Representative must complete this form. Please email all completed forms to support@sde.idaho.gov, and within fourteen calendar days, mail the original signed forms to Idaho State Board of Education, 650 West State Street, Suite B15 Boise, ID 83720.