



Uninterrupted Scholars Act Agreement

Employee Access Request

Employee Name: _____
First Middle Initial Last

Work Location: _____

Email Address: _____
[Partnership email address that will be used for account user name]

Race: _____ DOB: _____ Gender: Male / Female

Employee Acknowledgement

By signing this Access Request I acknowledge the following:

1. I have participated in training on the Family Educational Rights and Privacy Act; it's implementing regulations; and sections 1002.22 and 1002.221, Florida Statutes. At a minimum I have watched the "FERPA Webinar" offered online by the U.S. Department of Education at <http://www2.3d.gov/policy/gen/guid/fpco/index.html>.
2. I understand that the shared information shall not be disclosed verbally, electronically or in any other form except as specifically authorized by law or regulation, including 34 C.F.R. part 99, and
 - a. Any shared information shall be used only in the performance of official duties.
 - b. Data requested will only be for a Child or Children in Foster Care or for a child in the custody of the parent(s) or legal caregiver who is under the protective supervision of the Department or the Partnership for Strong Families, Inc.

Signature

Employee Signature: _____ Date: _____

Employee Name: _____ Phone: _____

Supervisor Signature _____ Date: _____

Supervisor Name _____ Phone: _____