**Data Privacy and Confidentiality Description/Assurance (Form C)**

**Instructions:**

Describe your proposed procedures to ensure privacy and confidentiality for project participants and their data, using the following format. This document should be combined in one document with Form A (new project overview information), plus any necessary consent or data collection forms for submission. Therefore, your final document for submission may exceed 5 pages. Contact the RRB administrator with any questions.

1. **Date of Submission**
2. **Project or Study Title**
3. **Data Security and Privacy**

Describe how participant confidentiality will be maintained and how project data will be stored, safeguarded, and destroyed at project completion. Provide a date when data is expected to be destroyed. Describe who will have access to the data. If applicable, describe what procedures will be implemented to safeguard against any potential violations of privacy and how any harm from information exposure would be addressed.

1. **Assurances**

I am aware of restrictions to use of data that is individually identifiable specified by Federal Educational and Privacy Rights Act, 28 USC 1232 (g) (“FERPA”) and the Illinois Student School Records Act (ISSA), 105 ILCS 10/1 et seq., and all corresponding regulations. I agree to the following:

1. I will seek appropriate informed consent/assent for purposes of my project.
2. I will use data only for purposes set forth in the project description provided on Form A.
3. I will never release data to anyone who has not been authorized by the District or by the subjects through signed agreements.
4. I will never report results in a way that could permit inadvertent disclosure of an individual.
5. I will destroy safeguard data and destroy data at the end of my project as described on this form.
6. Only individuals identified through this form as investigators or research staff will have access to the contents of data files, including derived data files

Note that by signing here you are affirming that you understand all the information provided in this form and other related forms is accurate to the best of your knowledge.

Date Submitted:

Signature:

Printed Name: