

**Release of “Educational Records” for Research Purposes
Confidentiality Statement**

I, _____ being a Certified Educator within the employee of the Cherokee County School District having applied for and received permission to review student educational records in connection with a research project for a degree program in which I am currently enrolled understand and agree as follows:

- 1) The information I will receive is an “Educational Record” as defined by the Family Educational Rights and Privacy Act (“FERPA”) 20 U.S.C. 1232g
- 2) I will maintain the information in a confidential manner and will not release any student identifiable information to any person or persons.
- 3) I will return all student identifiable information I received at the conclusion of my project.
- 4) I will not release or publish any student identifiable information within my project, to my professor(s), my peers or any other persons.
- 5) I will maintain the “Educational Records” in a secure location and take reasonable steps to assure that same is not released inadvertently while in my possession.
- 6) I understand that if I violate any provision hereof, even inadvertently, I will subject myself to discipline which could include the termination of my employment.

Signature

Notary Public

My commission Expires: _____