

Wright State University FERPA Studies Exception Agreement

The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. §1232g, is a Federal privacy law. The Wright State University FERPA policy can be found [here](#). FERPA and its implementing regulations in 34 CFR part 99 protect the privacy of students' education records and affords student who attend an institution of postsecondary education certain rights to inspect and review education records, to seek to amend these records, and to consent to the disclosure of personally identifiable information (PII) from education records. The general rule under FERPA is that PII from education records cannot be disclosed without the student's prior written consent. However, FERPA includes several exceptions that permit the disclosure of PII from education records without the student's prior written consent including the Studies Exception (see 33 CFR 99.31(a)(6)).

Under the studies exception, personally identifiable information from student education records may be disclosed by the University, without the student's written consent, when the disclosure is to organizations/researchers conducting studies for, or on behalf of, the organization to develop, validate, or administer predictive tests; administer student aid programs; or improve instruction. If information from student education records will be disclosed to an organization/researcher under this exception, the organization/researcher must enter into a written agreement with the University. This agreement should contain the following information:

- The purpose, scope and duration of the research.
- The information to be disclosed.
- That information from education records may only be used to meet the purposes of the research stated in the agreement and must contain the current requirements in 34 CFR § 99.31(a)(6) on re-disclosure.
- That the research will be conducted in a manner that does not permit personal identification of parents and students by anyone other than representatives of the organization with legitimate interests.
- That the organization is required to destroy or return all personally identifiable information when no longer needed for the purposes of the research.
- The time period during which the organization must either destroy or return the information.

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Study and Methodologies

| Study Name | Contact Name(s) Please specify Primary, Data Custodian, and Data Analyst(s), if different |
|------------|--|
| | |
| Scope | Contact Email(s) |
| | |
| Purpose | |
| | |

| Duration | Method, Time Period, & Proof of Data Destruction/Return of Data | |
|--|---|--|
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| Personally Identifiable Information To Be Used List each separately | | |
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| Method of De-identification | | |
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| Data Security Methodology | | |
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Statements of Agreement

By checking the boxes below, and by my signature, I agree to abide by the following Wright State University and FERPA studies exception requirements:

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|--|--|
| | I will not re-disclose any PII to which I have access for the purpose of this study. I will use the PII only to meet the purposes as stated above and will amend this agreement should the purpose of use within the study change. I will not use this PII for any purpose outside this study. |
| | I will take any necessary steps to maintain the confidentiality of the PII. I will notify the student data custodian named below in the case of a data breach and follow the necessary notification protocols. |
| | I acknowledge the right of the data custodian named below to audit the maintenance of and access to PII used for this study. I will notify the data custodian in advance of any publication and permit review of final materials to ensure that PII remains confidential. I understand that this document may be published or shared with students whose PII is made available for this study. |
| | I will abide by each of the agreed-upon methodologies above. Should changes become necessary, I will contact the data custodian immediately to request amendment. |

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|--------------------------|------|
| Requestor Name | |
| | |
| Requestor Signature | Date |
| | |
| Data Custodian Name | |
| | |
| Data Custodian Signature | Date |
| | |
| FERPA Officer Name | |
| | |
| FERPA Officer Signature | Date |
| | |

For office use only

| | | |
|----------|--------|----------------------------------|
| Approved | Denied | Consent Not Required Under FERPA |
| | | |