Curriculum Associates

DATA SHARING CONSENT FORM

The school or district listed below ("District") has requested that Curriculum Associates, LLC ("Curriculum Associates") provide certain student data to the Missouri Department of Elementary and Secondary Education ("MO DESE") in connection with the contract award for Missouri Foundational Reading Assessment (the "RFP"). District hereby acknowledges and agrees as follows:

1. Curriculum Associates is an authorized agent/contractor of District and is entitled to receive Customer Data (defined below) from District in connection with the provision of educational services to District.
2. MO DESE is also entitled to receive Customer Data from District in connection with the RFP and has a legitimate educational interest in receiving the Customer Data.
3. District hereby authorizes Curriculum Associates to provide certain Customer Data to MO DESE pursuant to the RFP. District acknowledges and agrees that this sharing of Customer Data is at the request of District, and District hereby consents to the provision of such data to MO DESE by Curriculum Associates by a secure means as reasonably agreed upon by and Curriculum Associates and DESE.
4. District acknowledges and agrees that MO DESE shall be responsible for all Customer Data in its possession and control. Curriculum Associates shall have no liability or responsibility for any unauthorized disclosures of Customer Data, corruption of Customer Data, or data security breaches that occur as a result of the actions or inactions of MO DESE.
5. Curriculum Associates shall only be responsible for Customer Data that is in its possession or control. Nothing in this Data Sharing Consent Form shall in any way limit the obligation of Curriculum Associates to protect and preserve Customer Data that is in its possession or control.
6. For purposes of this Data Sharing Consent Form, "Customer Data" shall mean the following data, which is to be provided to MO DESE by Curriculum Associates: results from i-Ready's assessment and screening during required testing windows.

This Data Sharing Consent Form is hereby executed by an authorized representative of District, whose signature can be found below.

Signature:_____

Date:_____

Print Name: Print Name_____

Title:_____

Name of School or District: HALLSVILLE SCHOOL DISTRICT R4