

ACT Aspire

Instructions for Completion of the Data Release Form

This form authorizes the North Dakota Statewide Longitudinal Data System to pull data directly from the assessment vendor on behalf of the school district. The district does not surrender any rights to the data and will continue to have district level access to the data from the vendor.

To complete the form:

1. Enter the Date
2. Enter the Public School District's name **(The District name used when submitting your ACT Aspire order)**
3. In the signature block, enter:
 - a. The name and title of the District Representative (Superintendent or personnel authorized to enter into data agreements).
 - b. The title of the District Representative
4. Enter the date the form was signed
5. Sign

Once signed, you can either:

1. Scan and email to Jane Hovda at jane.hovda@k12.nd.us
2. Fax to Jane Hovda at 282.9302

If you have any questions about this form, please contact: Jane Hovda 701.793.5619 jane.hovda@k12.nd.us

Data Release Agreement – ACT Aspire Assessment Data

To: ACT Aspire, LLC (“ACT Aspire”)

Date: _____

1. This data release agreement is entered into by _____ **Public School District (“District”)**.
2. The above name District hereby grants permission to and directs ACT Aspire to disclose any and all of our District’s ACT Aspire Assessment data to the **North Dakota Statewide Longitudinal Data System (SLDS)**. Access and reports may be provided to **SLDS** on multiple levels including district level, school level, class level, and individual student level.
3. The data is being disclosed to the **SLDS** for the purpose of using ACT Aspire Assessment data to evaluate educational achievement at the school district level, the school level, the class level in a school, and at the individual student level.
4. The period of this Agreement shall extend from November 1, 2016 until terminated in writing by District.
5. The undersigned represents that he or she is authorized to execute this instrument on behalf of the District identified in this authorization.

Sincerely,

Name and Title of *District* Representative

Date

Signature of *District* Representative