



PASS Educational Agreement and Password Request

Form A

WASHINGTON STATE PORTABLE ASSISTED STUDY SEQUENCE (PASS) PROGRAM

810-B E. Custer Ave., Sunnyside, WA 98944 • Website: www.MSDR.org
Phone: (509) 837-2712 • Fax: (509) 839-9017 • Email: PASS@MSDR.org



This form requires joint signatures of 1) administrator and 2) PASS password designee. Each year, a new PASS Educational Agreement Form A will be required for all users who access the PASS database. All users who have not submitted a new completed Form A before October 15th will be inactivated on October 16th of the current school year.

SECTION 1: DISTRICT/AGENCY AUTHORIZATION TO SERVE

***Completed by authorizing agent. An authorizing agent is defined as: Migrant Funded Districts: Federal Programs Director Required. Non-Migrant Funded District: School Administrator.**

As the Migrant Education Program federal programs director or administrator for the listed District/agency, I hereby: **Agree**, the district or agency listed accepts the credit issued through PASS to students enrolled through my school/agency. I will oversee the overall success of the PASS Program in my school/agency, **2) Authorize** the below named staff to serve in the PASS capacity identified below and have access to the online PASS database via the internet. Due to the nature of data stored in the PASS database, individuals are prohibited from sharing their passwords with others. The staff/designee listed below understands that any PASS data viewed through the Internet must remain confidential in accordance with the Family Education Rights and Privacy Act of 1974, and **3) Understand** it is my responsibility to inform the PASS program in writing when the staff no longer needs access to the PASS database

<input type="checkbox"/> PASS General User Level 1 Database Access	<input type="checkbox"/> PASS Test Proctor Level 2 Database Access	<input type="checkbox"/> PASS Contact Person (CP) Level 3 Database Access
<ul style="list-style-type: none"> Read only for search by student, contact person, district. Access to Goal & Detailed Activity Reports 	<ul style="list-style-type: none"> Online testing access Level 1 Database Access 	<ul style="list-style-type: none"> Authorized to enroll students Level 1 & 2 Database Access Replaces (Name of Former PASS CP): _____ <p><i>*If replacing another contact, all active courses will be transferred to the new CP.</i></p>

Does Your District/Agency Receive TITLE I Migrant Funds? *Yes No

*Print Name of Authorizing Agent: _____ Title: _____

District/Agency Name: _____

Address: _____

Phone number: (____) _____ Email: _____

Date: _____ *Signature of Authorizing Agent: _____

Electronic Signature: I have reviewed the form and certify that it is correct and accurate. I agree with all the terms and conditions of the form. I agree that my typed signature above will be considered an original signature on the form.

SECTION 2: STAFF/DESIGNEE INFORMATION

Completed by Staff/Designee. Designee is defined as the person identified to serve in the PASS capacity above, if the individual is someone other than the authorizing agent listed in Section I.

Printed Name of Staff/Designee: _____ Title: _____

Name of your school or agency where students attend school: _____

Mailing address Street Address or PO Box, City, State, Zip (transcripts will be mailed to registrar at the mailing address provided):

Physical address where courses will be shipped Street Address, City, State, Zip (Not a P.O. Box):

Please indicate building type (check one): School/Agency Residence

Phone number: (____) _____ Email: _____

Alternate phone number (Optional): (____) _____ Fax number: (____) _____

I agree to: 1) Perform the primary duties of assigned PASS Service Capacity as defined in the annually revised Success Handbook; **2) Protect** the copyright of PASS curriculum and materials; **3) Protect** the confidentiality of my PASS database password, PASS course teacher materials, and student records in accordance with the Family Education Rights and Privacy Act of 1994 and policies of the PASS Program and the local district or agency I represent. **I understand that my service does not: 1) Constitute** any express or implicit offer of employment or compensation to me, from the PASS Program, or **2) Authorize** me to act as an agent of the Migrant Education Program or the Migrant Student Data, Recruitment and Support.

Date: _____ Signature of Password Designee: _____

Electronic Signature: I have reviewed the form and certify that it is correct and accurate. I agree with all the terms and conditions of the form. I agree that my typed signature above will be considered an original signature on the form.