



# PASS Educational Agreement and Password Request

## Form A

Washington State Portable Assisted Study Sequence (PASS) Program

Phone: (509) 837-2712 Website: www.msdr.org Email: pass@msdr.org

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 15<sup>th</sup> will be inactivated on October 16<sup>th</sup> of the current school year.

### SECTION 1: DISTRICT/AGENCY AUTHORIZATION TO SERVE

**\*Completed by authorizing agent: Migrant Funded Districts: Federal Programs Director Required.**

As the Federal programs director or administrator for the listed district, I hereby: **Agree**, the district listed accepts the credit issued through PASS to students enrolled through my school. **2) Authorize** the below named staff to serve in the PASS capacity identified below and have access to the online PASS database. **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"/> <b>PASS Contact Person(CP)</b> Level 1 Database Access	<input type="checkbox"/> <b>PASS Test Proctor</b> Level 2 Database Access	<input type="checkbox"/> <b>PASS General User</b> Level 3 Database Access
<ul style="list-style-type: none"> <li>Authorized to enroll students</li> <li>Level 2 &amp; 3 Database Access</li> <li>Replaces (Name of Former PASS CP)</li> </ul> <p><i>*If replacing another contact, all active courses will be transferred to the new CP.</i></p>	<ul style="list-style-type: none"> <li>Online testing access</li> <li>Level 3 Database Access</li> </ul>	<ul style="list-style-type: none"> <li>Read only for search by student, contact person, district.</li> <li>Access to Goal &amp; Detailed Activity Reports</li> </ul>

**\*Print Name of Authorizing Agent:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**District/Agency Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**\*Signature of Authorizing Agent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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.

### SECTION 2: STAFF/DESIGNEE INFORMATION

**\*Completed by Staff/Designee. Designee is defined as the person identified to serve in the PASS capacity.**

**Printed Name of Staff/Designee:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Name of your school where students attend school:** \_\_\_\_\_

**Mailing Address(where transcripts will be mailed to registrar):** Street Address or PO Box, City, State, Zip

**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:** \_\_\_\_\_

**I agree to: 1) Perform** the primary duties of assigned PASS Service Capacity; **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 FERPA.

**Signature of Password Designee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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.