

**SOUTHWESTERN COMMUNITY COLLEGE DISTRICT
INSTITUTIONAL RESEARCH REVIEW BOARD**

Non-disclosure Statement

To Be Completed by Requestors of Access to SCCD Student Education Records

I hereby request permission to examine the following parts of the official student education records maintained by Southwestern Community College District: _____

I shall not:

1. Use or reveal any personally identifiable information furnished, acquired, retrieved, or assembled by me or others, under the provisions of applicable laws for any purpose other than statistical purposes specified in the _____
(Title of project as proposed to IRRB)
2. Make any release or publication whereby an individual could be identified or the data furnished by or related to any particular person can be identified;
3. Permit anyone other than the individuals authorized by Southwestern Community College District to examine the individual reports.

I agree to follow the above referenced criteria regarding my use of Southwestern Community College District's student education record information and am fully aware of the Southwestern Community College District's research misconduct procedures.

Signature: _____

Please Print:

Name: _____

Title: _____ School: _____

Date: _____