

PASS Educational Agreement and Password Request

Form A

PASS Program

810-B East Custer Ave, Sunnyside, WA 98944
1(800) 274-6084/1(509)837-2712 ~ Fax: (509)836-8409

PASS Course Sales

810-C East Custer Ave, Sunnyside, WA 98944
1(888)837-2169 ~ Fax: (509)836-8410

Revised 9/13

This form requires joint signatures of 1) administrator and 2) PASS password designee. The form allows administrators to authorize designated staff to serve in a select PASS Service Capacity and access the PASS database. 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 September 30th will be inactivated on October 1st of the current school year.

SECTION 1: DISTRICT/AGENCY AUTHORIZATION TO SERVE

As the Migrant Education Program federal programs director or administrator for the listed District/agency, I hereby authorize the below named staff to serve in a PASS Capacity, as selected below, and have access to the online PASS database via the Internet. 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. 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 1994. I understand it is my responsibility to inform MSDR in writing when the staff no longer needs access to the PASS database.

Date: _____ Signed: _____
Federal Programs Director or School Administrator

Print First and Last Name: _____

District/Agency Name: _____

Address: _____

Phone number: (____) _____ Receive TITLE I Migrant funds in your District or Agency? Yes No

SECTION 2: STAFF/DESIGNEE INFORMATION

Select the PASS Service Capacity (as defined in the Success Handbook)

<input type="checkbox"/> PASS General User Level 1 Database Access	<input type="checkbox"/> PASS Proctor Level 2 Database Access	<input type="checkbox"/> PASS Contact Person 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 <u> Name of Former CP </u> *If a replacement, all active courses will be transferred to the new CP.

Printed Name: _____ Title: _____

Name of your school or agency where student attends (transcript will be mailed to registrar at this address):

Mailing address: _____

Physical address (not P.O. Box) where courses should be shipped: _____

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

E-mail address (required): _____

Phone number:(____) _____ 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.

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I understand that my service does not: constitute any express or implicit offer of employment or compensation to me from the PASS Program, or authorize me to act as an agent of the Migrant Education Program, the Migrant Student Data and Recruitment Office (PASS Program) or PASS Course Sales.

Date: _____ Signature of Password Designee: _____