DATA SHARING AGREEMENT

BETWEEN  
[PROVIDING ORGANIZATION NAME] – School District  
AND  
[REQUESTING ORGANIZATION NAME] – This is you!

# Purpose of Agreement

Describe the purpose of the data sharing agreement between the Providing Organization and Requesting Organization. Describe why the sharing initiative is necessary, objectives and benefits the Requesting Organization hopes to achieve. Example: This data sharing agreement will allow for the exchange of student data including but not limited to: academic grades and testing scores, proficiency and growth rates, attendance, and demographic data.

# Duration of Agreement

Describe length of agreement between the Providing Organization and Requesting Organization.

**Example:** This agreement will commence on MM/DD/YYYY. This agreement will remain in place for XXXX (days/months/years/indefinitely) and will end on MM/DD/YYYY (if applicable) or until terminated by either party. Example: This agreement will commence on July 1, 2021 and this agreement will remain in place for three years and will end on June 30, 2024.

# Description of Data

Describe the data being provided in this agreement. (Be specific – include variables names, descriptions, format, level of security/sensitivity.) Example: the Providing Organization will provide the following to the Requesting Organization twice per year on DATES. Data to be shared include: student grades, student attendance, etc. This data is to be provided in aggregate form to protect the identity of youth enrolled in the PROGRAM NAME.

# Data Access

Describe how data will be physically transferred from the Providing Organization to the Requesting Organization. Include individuals or groups of individuals that will have access to the data. List the frequency data will be exchanged between the Providing Organization and Requesting Organization. Example: Data will be provided in a spreadsheet/Google doc/external flash drive/FORMAT YOU NEED. The Project Director and Program Managers at the Requesting Organization will have access to this data. Data will be shared twice per year on DATES.

**Example:**

Frequency: the information will be shared [each day/month/in response to a specific event]. The information sharing will cease [\*\*]. The information sharing can be terminated by either party on written notice of [\*\*\*]. The terms of this agreement remain binding on any information shared and retained throughout its lifecycle, irrespective of whether the party remains a current signatory to this agreement.

Transfer: will occur by [system to system transfer, Secure File Transfer, NHS Mail etc]. Information will be shared on a strict need to know basis only and the data will only be processed by staff in order for them to perform their duties in accordance with one or more of the defined purposes.

Under no circumstances should personal data be processed in any way that is unsecure or left unattended. It is the responsibility of the sender to ensure that the method is secure and that they have the correct contact details for the receiver.

# Data Security

Describe security measures around transferring, accessing, and storing data. EXAMPLE: some sites have policies that require you to destroy the data after a certain amount of time.

# Termination (of Agreement)

Describe how an organization will terminate services (verbal/writing, length of notice before termination), and what needs to happen once termination of services is provided by either organization (documents returned to Providing Organization or destruction of documents – deleted from hard drives, shredded, burned, etc. by Requesting Organization).

# Signatures

**[Providing Organization Name]**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Date**[Requesting Organization Name]**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Date