



New Milford Public Schools IEP/504 Student Data Privacy Exemption Form

School Name: \_\_\_\_\_ Date Form Completed: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student Date of Birth: \_\_\_\_\_

SASID #: \_\_\_\_\_

Planning and placement team (PPT)/504 Meeting Date: \_\_\_\_\_

Operator Name(company/vendor/contractor): \_\_\_\_\_

Name of Specific Application (If applicable): \_\_\_\_\_

The PPT/504 team acknowledges the following:

- The above listed source is unique and necessary to implement a student's IEP or 504 plan. Attempts were made to find equivalent technology operated by a contractor that complies with the student data privacy agreements of CT.
- The above listed operator(s) is/are unable to comply with the student data privacy contracting requirements of CT, even after attempts were made to enter into a contract with the operator that complies with the student data privacy requirements of CT.
- The above listed source is FERPA and HIPAA compliant.

I acknowledge that the above listed source does not comply with the contracting requirements of the Connecticut Student Privacy law and authorize New Milford Public Schools to utilize this with the student above as part of their IEP or 504 plan to meet identified educational needs.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
PPT/504 Team Member Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
PPT/504 Team Member Signature