

**Data Use Agreement
Connecticut State Board of Education and
Connecticut Office of Higher Education
And**

**(District Name)
Amendment #1**

The Data Use Agreement (“Agreement”) executed on _____ between the Connecticut State Board of Education (“CSBE”) on behalf of the State Department of Education (“SDE”), located at 450 Columbus Boulevard, Hartford, Connecticut 06103, the Connecticut Office of Higher Education (“OHE”) located at 450 Columbus Blvd, Hartford, Connecticut 06103, and _____ school district located at _____ is hereby amended as provided below.

1. Section 5b. is hereby deleted in its entirety and shall be replaced with the following:
Managing Users: The Data Receiver shall designate an appropriate number of staff at the district and at the school level to have access to the FAFSA Filing Status report in EdSight Secure, as they see fit.
2. Section 6a. is hereby deleted in its entirety and shall be replaced with the following:
 - a. Term and Cancellation. This Agreement takes effect upon signature by the authorized representative of each party and shall continue until June 30, 2029. The parties further understand that the OHE may cancel this Agreement at any time, upon reasonable notice. The OHE specifically reserves the right to cancel this Agreement without notice should the OHE, in its sole discretion, determine that student information has been released in a manner inconsistent with this Agreement, has not been maintained in a secure manner, or that substantially similar data access has become generally available for research purposes through any other mechanism approved by the OHE.

All provisions of the original Agreement, except those which are explicitly changed herein, shall remain unchanged and in full force and effect.

SIGNATURES AND APPROVALS:


For the Office of Higher Education



Timothy D. Larson
Executive Director

8/25/2023
Date

For the Connecticut State Board of Education



Charlene M. Russell-Tucker
Commissioner of Education
Connecticut State Department of Education

9/8/23
Date

For the Data Receiver:

Superintendent or Authorized Signatory

Date

Name of Superintendent or Authorized Signatory