



Mission Promise Neighborhood (MPN) Consent Agreement for Data Disclosure and Sharing

By signing this agreement, you give your consent to disclose and share personally identifiable information on the person listed below with authorized partners in the Mission Promise Neighborhood.

The purpose of sharing this information is to allow the MPN to provide well-informed, coordinated services to participants and their families, to conduct ongoing evaluation and improvement of programs to better serve the community, and to report results of programs and activities to residents, partners, and funders.

The Mission Promise Neighborhood takes every precaution to protect personally identifiable information from unauthorized use or disclosure. Information obtained on persons shall not be published in a manner that will lead to the identification of any individual. This information is used solely for service provision and program evaluation purposes and identified information shall not be further re-disclosed to third parties not covered by this Consent Agreement without your prior written consent.

I understand that the records to be disclosed and shared with Mission Promise Neighborhood may include but are not limited to

Education records from San Francisco Unified School District:

- Enrollment information • Grade reports and transcripts • Attendance • English learner status
- Performance on state assessments

Records from Mission Promise Neighborhood service providers, including

- Intake information collected on participants (such as name, address, and date of birth)
- Participation data (such as services received, attendance dates, and length of time participating)
- Program results and assessments (such as tests results and observations by program staff)

I consent to the disclosure of the personally identifiable information described above to the following *Mission Promise Neighborhood* entities and partners:

MEDA, CAFE, CJ:JC, CCSFF, FSA, Good Samaritan, IFR, JCC, Juma Ventures, LRCL, Mission Graduates, MLVS, MNC, MNHC, Mission SF, PPS, Raising a Reader, Refugee Transitions, Seven Tepees, Streetside Stories, Support for Families, DCYF, First 5, UCSF, Mission Promise Neighborhood research partners at John W. Gardner Center for Youth and their Communities at Stanford University

Furthermore, I consent that the following parties may obtain the information described above stripped of any and all direct identifiers:

- The U.S. Department of Education and its authorized contractor(s)

This entity list is subject to change. For up to date information and questions, please go to <http://missionpromise.org/> or contact the Director of *Mission Promise Neighborhood*, Raquel Donoso at 415-282-3334 ext. 155 or Advisory Board Chair Leigh Philips at 415-282-3334 ext. 127. Signing this agreement constitutes the granting of consent for disclosure of protected education information under the *Family Educational Rights and Privacy Act (FERPA)*.

For **parent/guardian** of child(ren) 18 years old and under (please print clearly)

I, _____, as the Parent/Guardian of:

[Print Parent/Guardian First and Last Name]

Child's Full Name	Date of Birth	Gender (circle one)	Grade in	Name of School Attending (note PreK or daycare for infants)
		M / F		
		M / F		
		M / F		
		M / F		
		M / F		
		M / F		

consent to the release of personally identifiable information of the child(ren) named above, subject to the terms of this Consent Agreement.

For adults 18 years or older (please print clearly)

I, _____,
[First Last]

consent to the release of my personally identifiable information, subject to the terms of this Consent Agreement.

By signing this Consent Agreement, I agree that I have read and understood the above and consent to all of the above statements. I understand that signing this Consent Agreement is voluntary and is not a condition for receiving services from the *Mission Promise Neighborhood*. This Consent Agreement is valid for the duration of the *Mission Promise Neighborhood* initiative. I maintain the right to discontinue this permission at any time by contacting *Mission Promise Neighborhood* at 415-282-3334 ext. 107.

Signature: _____ Date: _____ Date of Birth: _____

For Mission Promise Neighborhood Use Only:

Partner Agency collecting this Consent Agreement: _____

Consent recorded in Promise Neighborhood case management system on (date): _____

Promise Neighborhood case management ID number: _____