STANDARD STUDENT DATA PRIVACY AGREEMENT

AGREEMENT TYPE	
 LEA	
and	
 Provider	

By: <u>Dawn Schiavone</u> Date: <u>2022-05-23</u>

Printed Name: <u>Dawn Schiavone</u> Title: <u>Director of Technology</u>

SCHOOL DISTRICT NAME: Oregon City School District

DESIGNATED REPRESENTATIVE OF LEA:

Name: <u>Dawn Schiavone</u> Title: <u>Director of Technology</u>

Address:

Phone: <u>4196930661</u>

Email: dschiavone@oregoncs.org