## **Texas Migrant Education Program (MEP)**

## Instructions for Completing the Oath of Student Record Security and Confidential Integrity for the New Generation System (NGS)

The Oath of Student Record Security and Confidential Integrity form is required of all NGS users. The following instructions may be helpful when completing the form.

| Field                                      | Information to Include  |
|--|---|
| Date                                       | Include day, month and year.  |
| Signature of User                          | The actual user must sign in this blank.  |
| Printed Name of User                       | Please print legibly the user's name.   |
| User's E-mail Address                      | Provide the user's work e-mail address, if available.   |
| Position                                   | Enter the user's job title (e.g., NGS Data Specialist,  |
|  | Recruiter, etc.).   |
| District or ESC Name                       | Provide the district name or Regional ESC number (e.g., Lucky ISD, Region 21 ESC, etc.).  |
| User's Area                                | Provide the user's work telephone number, including area  |
| Code/Telephone Number                      | code.   |
| Region Number                              | Provide the region number of the user's education service center.   |
| User's Area Code/Fax<br>Number             | Provide the user's work fax number, including area code.  |
| County Number and District Number          | Provide the user's county and district numbers.   |
| State                                      | Write Texas.  |
| Signature of the Migrant                   | Provide signature of the main contact for the MEP at the  |
| Contact Person                             | user's district or region.  |
|  | Note: If the person seeking the NGS password is also the  |
|  | Migrant Contact Person for the district, the ESC Migrant  |
|  | Contact Person must sign in this blank.   |
| Printed Name of the Migrant Contact Person | Please print legibly the name of the Migrant Contact Person.  |
| Area Code/Telephone                        | Provide the work telephone number, including area code,   |
| Number                                     | of the district/region Migrant Contact Person.  |
| Area Code/Fax Number                       | Provide the work fax number, including area code, of the  |
|  | Migrant Contact Person.   |
| Signature of ESC Migrant Contact           | Provide signature of the ESC Migrant Contact Person.  |
| Annual Training Date                       | Provide the date the user was trained on NGS.  Note: This is required for full access users only.   |
| Assigned Security Level                    | 1 – Full access (for those who will be updating and adding records). The proficiency with NGS of these users may be monitored using the NGS Quality Control Checklist.  2 – Read only |

Reminder: Please print legibly so data can be entered correctly into NGS by TEA staff.

## 2014-2015 Oath of Student Record Security and Confidential Integrity for the New Generation System (NGS)

I do hereby further certify, warrant, and affirm that I will faithfully and fully comply with requirements concerning the New Generation System security and confidential integrity of migrant student record data entry, maintenance, and transference in compliance with the Family Educational Rights Privacy Acts of 1974 (FERPA).

| IN WITNESS WHEREOF I affix my hand                  | on this the day of, 20   |
|---|--|
| Signature of User                                   | Printed Name of User   |
| User's E-mail Address                               | Position   |
| District or ESC Name                                | User's Area Code/Telephone Number  |
| Region Number                                       | User's Area Code/Fax Number  |
| County Number and District Number                   | State  |
| Signature of Migrant Contact Person                 | Printed Name of Migrant Contact Person   |
| Area Code/Telephone Number                          | Area Code/Fax Number   |
| Signature of ESC Migrant Contact                    | Annual Training Date (Full access users only)  |
| Assigned Security Level (circle one): I = II =      | Full Access (Update and Add Records) Read Only Access  |
|   | ,  |
| ESCs must fax form to 512-463-8057. Raddress below. | etain one copy for your files and mail the original to   |
|   | their ESC; however, in addition to mailing, they may ssing. The ESC must mail the original to TEA. |

To be used by NGS Office:

Password:

User ID: \_\_\_\_\_

**Curriculum Division** 

Austin, Texas 78701

Migrant Education Program Texas Education Agency

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