



Request for Use of Software/Website Form

Central Administration Use:

SDPC Registered (initials): _____ Date: _____

SDPC Tagged (initials): _____ Date: _____

New York State Education Law Section 2-d ("[Ed. Law 2-d](#)") and the Family Educational Rights and Privacy Act ("FERPA") provide clear protections for student data. HFM BOCES is committed to complying with all applicable laws that promote the least intrusive data collection as practicable and to ensure that information security measures are in place that safeguard the Personally Identifiable Information (PII) of students and the APPR data of school personnel. [Part 121](#) regulations outline requirements for educational agencies and their third-party contractors to ensure the security and privacy of such protected information. HFM BOCES maintains compliance, as required by both Ed. Law 2-d and Part 121, as a member of the Access 4 Learning Community's Student State Privacy Consortium (SDPC). If you have additional questions about the SDPC, please visit the [NYS Alliance of the SDPC](#).

As a result, **before** software can be installed or websites can be unblocked for either instructional or administrative use on the HFM BOCES network and devices, staff must first submit this form to their Building Principal or Program Administrator. This completed form is **required** regardless of whether or not protected student data will be collected by the software vendor. This is also required regardless of cost, including "free" and "trial" software. **Please note that software purchases cannot proceed until this form has been fully approved.**

Please complete and sign in the appropriate section below and submit it to the HFM BOCES Data Privacy Officer at EdLaw2D@HFMBOCES.org for final approval. **You will be notified via email and signed copies will be returned electronically to the requestor, their Building Principal or Program Administrator and the Purchasing Agent for procurement purposes**

REQUESTOR INFORMATION				
Name of Requestor:			School Year:	
Program and/or Department:				
Name of BOCES Staff member that will serve as the main point of contact for use of this software at BOCES (or on behalf of a district):			Grade Level(s) or Staff Using Software: (Select all that apply)	<input type="checkbox"/> Elementary <input type="checkbox"/> Middle <input type="checkbox"/> High <input type="checkbox"/> Staff
If software is being purchased on behalf of a component district, please indicate which district(s):	<input type="checkbox"/> Amsterdam <input type="checkbox"/> Broadalbin-Perth <input type="checkbox"/> Canajoharie <input type="checkbox"/> Edinburg	<input type="checkbox"/> Fonda-Fultonville <input type="checkbox"/> Fort Plain <input type="checkbox"/> Gloversville <input type="checkbox"/> Johnstown	<input type="checkbox"/> Lake Pleasant <input type="checkbox"/> Mayfield <input type="checkbox"/> Northville <input type="checkbox"/> OESJ	<input type="checkbox"/> Piseco <input type="checkbox"/> Wells <input type="checkbox"/> Wheelerville
VENDOR/WEBSITE DETAILS				
Name of Software/Website:				
Vendor Legal Name:				
Purpose of Software: (Give a detailed description why this software/ website is needed)				
BUILDING PRINCIPAL/PROGRAM ADMINISTRATOR APPROVAL				
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Reason for denial:		
Authorized Signature:				
Print Name:			Date:	
COMPUTER SERVICES COORDINATOR				
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Reason for denial:		
Authorized Signature:				
Print Name:		Carden Smith, Computer Services Coordinator	Date:	
DATA PRIVACY OFFICER				
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Reason for denial:		
Authorized Signature:				
Print Name:		Dr. Aaron Bochniak, Data Privacy Officer	Date:	