



StudentTracker Agreement for Outreach Programs

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, National Student Clearinghouse, a not-for-profit corporation organized under the laws of Virginia (“Clearinghouse”) and the undersigned college access, mentoring, intervention, TRIO, Gear-Up or other outreach program (“Program”) agrees as follows:

1. The Clearinghouse provides a central repository for student record data for postsecondary educational institutions that have appointed the Clearinghouse as their agent for purposes of reporting the enrollment and educational achievements of their students to authorized recipients.
2. The Program may use the Clearinghouse’s StudentTracker Web site to track the enrollment status and educational achievements of its students, for program evaluation and reporting purposes, following procedures reasonably required by the Clearinghouse.
3. The Program agrees to ensure that their Authorized Personnel utilize the Clearinghouse’s secure Web site only for the purposes of enrollment and academic achievement information for their program’s participants.
4. The Clearinghouse specifically disclaims any responsibility or liability for errors or omissions in information provided by educational institutions, including direct, indirect, incidental, special, or consequential damages resulting from the Program’s use of information released by the Clearinghouse under this Agreement.
5. In consideration of the services provided by the Clearinghouse under this Agreement, the Program encloses a check for \$425 for the first year of service and agrees to pay the Clearinghouse the annual fee in accordance with the Clearinghouse’s published Fee Schedule, until such time as either party terminates this Agreement.
6. This Agreement may be modified by written, mutual agreement of the parties and remains in effect until terminated by either party, by providing thirty (30) days written notice to the other party.
7. The Clearinghouse uses its best efforts to review, interpret and follow publicly-disseminated guidance on FERPA in the development and operation of StudentTracker and provides for the release of only unblocked directory information unless FERPA authorizes release without consent. The Program is solely responsible for its compliance with FERPA, and the Clearinghouse is not liable for any errors or omissions by the Program in using StudentTracker that may give rise to FERPA violations. Both the Clearinghouse and the Program agree to comply with all applicable Federal, State, and local statutes, regulations, and other requirements pertaining to the security, confidentiality, and privacy of information maintained by the Clearinghouse.
8. The Program agrees to acknowledge in all internal and external reports, presentations, publications, press releases, and/or research announcements that utilize StudentTracker data that the source of the data is the StudentTracker service from the National Student Clearinghouse.
9. Both parties agree to provide all notices under this Agreement to the signatories and addresses below, unless otherwise instructed in writing.

NATIONAL STUDENT CLEARINGHOUSE

OUTREACH PROGRAM

Signature Date

Signature Date

Name

Name

Title

Title

Please return agreement and payment to:

2300 Dulles Station Boulevard, Suite 300
Herndon, VA 20171

Institution

Address

City/State/Zip

www.studentclearinghouse.org
Fax: 703-742-4234

Phone

Email

Estimated # of Program Participants: _____



NATIONAL STUDENT CLEARINGHOUSE®
Services You Need. People You Trust.

2300 Dulles Station Blvd, # 300, Herndon, VA 20171 • Phone: 703-733-4122 • Fax: 703-318-4059 • www.studentclearinghouse.org

Authorization Agreement for Credit Card Payments

PAY INVOICE # _____

I hereby authorize the National Student Clearinghouse (the Clearinghouse) to initiate credit entries and if necessary, adjustments to the credit card indicated below for the payment of fees related to the StudentTracker service, in accordance with the Clearinghouse's published schedule of fees.

The Clearinghouse reserves the right to revoke this authorization in the event of dispute of the charge without prior notification; account closed without prior notification, or for any declined transactions.

Signed _____ Date: _____

Title: _____

Please complete all of the required fields below:

Customer Name

Account Number: _____
(For Clearinghouse Use Only)

Card Type: Visa MasterCard American Express Discover

Name on Card: _____

Card Number: _____ **Expiration Date:** _____

Cardholder's Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: (____) _____ **E-mail address:** _____

******Please include a copy of the applicable invoice with this authorization.******