

**Northside Achievement Zone CONSENT & AUTHORIZATION FOR
PROGRAM RELEASE OF INFORMATION**

I, _____, understand that in choosing to enroll in NAZ and by signing this release on behalf of my family, I agree to the following:

- I understand that I am part of a collaborative to receive opportunities and support through NAZ staff and its partner organizations in the areas of education, career, finance, health, wellness, and housing. I also understand that as a NAZ family, I will also be assisting in the development of the project for future NAZ enrollees.
- I understand that NAZ will collect, store, and maintain data about my family and that it will be stored in the **NAZ Connect web-based database** and accessible to NAZ Management-level and Engagement Team staff. I understand that my family data covered under the Data Privacy Act cannot be shared with any other partner organization without an additional Release of Information that specifies which organizations I would like NAZ to exchange data with. (See separate NAZ Connect Release of Information.) I also understand that I reserve the right to designate certain items of data as 'private' in NAZ Connect. I understand that if I mark data as private or choose not to share my data with partner organizations; this may result in limitations on the types of support that can be offered. I understand that I may request to view the information maintained for me or my family at any time.
- I understand that NAZ will share our data with **project evaluators**, and that it will be used to learn more about the effectiveness of NAZ and make program improvements. I understand that our data will be kept confidential and that any report using it will not identify any member of my family.
- I understand that all web-based meeting applications (such as Zoom or Google Meet) that I or my family members may use to conduct meetings with NAZ Staff involve **inherent information security risks** from unknown or unwanted third parties. I understand and accept the potential security risks involved in using the Internet to participate in meetings with NAZ Staff.
- I understand that I must be present and involved in any **home visits**, and that at no time will I be allowed to leave NAZ Staff unattended with my child(ren).
- I understand that NAZ may occasionally photograph or videotape at NAZ events or activities. I give NAZ permission to include **photos or video** of my family and I in marketing materials (newsletters, website, annual report, etc.) to promote the organization and its partners.
- I understand that NAZ may **record telephone or video calls** with me for purposes of training, staff assessment, and improvement of NAZ services.
- I understand that NAZ staff members are **mandated reporters** and are required to report any abuse or neglect to the appropriate authorities.
- I understand that I have the right to revoke this Release of Information at any time by calling the Northside Achievement Zone at 612-521-4405 or by sending a letter to 2123 West Broadway Ave, Suite 100, Minneapolis, MN 55411. I understand that I can request a copy of this agreement from NAZ staff.

Signature of Head of Household

Date