

**EXAMINEE AUTHORIZATION FOR PARTICIPATION IN PRODUCTS AND SERVICES DEVELOPMENT, INCLUDING
FIELD TEST ADMINISTRATIONS OF PRO-ED, INC. TESTS**

PRO-ED, Inc. (“PRO-ED”) develops and publishes standardized tests, books, curricular and therapy materials, including online software (the “Products and Services”) used by schools, professionals, and caregivers to improve the education and quality of life for students, clients, family members and their caregivers, some of whom are persons with disabilities and other health conditions.

We have over 250 standardized assessments that require updating every 7 to 10 years. A major part of creating and updating these assessments involves administering paper and pencil and online tests along with collecting basic background data on individuals of varying ages, races, ethnicities, and ability levels. The data we collect is used to establish national averages so that future professional clinicians can use these measures to determine if a given individual has a disability and to determine the severity of that disability. While our tests are used primarily with persons suspected of having some sort of educational disability, the examinees we need and the data we collect are typically from persons not diagnosed with a disability.

By signing this form, I authorize PRO-ED, Inc. its designated employees, and its independent contractors acting on its behalf, (collectively, “PRO-ED”), to:

1. Administer to me or individuals for whom I am the designated legal representative (“**Examinee**”), the Test(s) as indicated below:

Open ended authorization to administer tests from time to time until authorization is revoked; and to,

2. Collect and Use the data received from the administration of Test(s) noted above (the “**Test Data**”) which may include Examinee’s name, date of birth, postal address, phone number, email address, gender, race/ethnicity, disability/exceptionality (“**Personal Information**”), provided that PRO-ED first removes the following identifiers: name, address, and all other personal identifiers and use only the anonymized Test Examinee’s date of birth, zip code, gender, and previously diagnosed disabilities/exceptionalities, and Test Data (the “**Anonymous Submitted Data**”); Please read our [Privacy Policy](#) for more details about our privacy.

3. To aggregate Examinee’s Anonymous Submitted Data with the Anonymous Submitted Data of other examinees who have been tested by PRO-ED; and

4. To use aggregated Anonymous Submitted Data for the sole purpose of enabling PRO-ED to develop and improve its own educational Products and Services including its tests/assessments.

For emphasis the specific data related to any individual anonymous Examinee is used by PRO-ED in aggregated data sets (i.e., combined data of many test examinees).

5. Test Examinee has a right to revoke this authorization by sending us an email or mailing the revocation, except to the extent that action has been taken by PRO-ED in reliance on this authorization. In order for the revocation of this authorization to be effective, PRO-ED must receive the revocation in writing via **email or postal mail**, and the revocation must include:

- a. Examinee’s name and postal address (so we can verify who you are; please use the same name and address you used in your original authorization) and
- b. Examinee’s (or their legal representative’s) indication to revoke this authorization

PRO-ED will accept written revocations of this authorization by email or postal mail:

- Email at testsites@proedinc.com **OR**
- Regular postal mail to: PRO-ED, Inc. 8700 Shoal Creek Blvd, Austin, TX 78757

ALL revocations are not effective until received by PRO-ED. The date we receive your revocation will be the effective date of the revocation.

6. This authorization shall remain in effect for as long as PRO-ED uses my Anonymous Submitted Data for Product and Services Development.

7. Revocation of authorization to use my Personal Information shall not affect any actions taken or material created by PRO-ED in reliance of your initial authorization prior to revocation, including but not limited to, Products or Services created by PRO-ED, any item analysis, reliability analysis, and/or validity analysis.

8. I understand that PRO-ED will sell its Products and Services, but that PRO-ED will not sell the Anonymous Submitted Data.

9. Except for any payment being offered to me for the purpose of taking this Test by PRO-ED or its authorized Test Examiners, I understand that services, payment, enrollment, or eligibility for benefits from a school, professional, or available to me, my family member, or my family member's caregiver, to which I would otherwise be entitled, may not be conditioned upon me signing this authorization.

10. To the extent necessary, I authorize PRO-ED to transmit information and data collected under this authorization via a secure electronic format and such information shall be stored securely.

11. I fully understand and accept the terms of this authorization.

I have read this authorization and understand what information will be used or disclosed, who may use and disclose the information, and the recipient(s) of that information. I understand that the purpose of this authorization is not for treatment or any professional or medical care.

I understand that when the information is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient.

[] If Online, I accept and agree to this Authorization by checking this box.

**Signature of Test Examinee or
Legal Representative**

Date

(Signatory above represents and warrants that he or she has the authority to authorize the testing of the Examinee)

Name of Test Examinee

Examinee Date of Birth

Name of Legal Representative

**Description of Legal Representative's
Authority to act for Individual**

**Mailing Address of Test Examinee or
Legal Representative (if applicable)**

**Email Address of Test Examinee or
Legal Representative**

**Telephone No. of Test Examinee or
Legal Representative**

BELOW TO BE FILLED OUT BY FIELD EXAMINER / PRO-ED

For Field Examiner --Please record **DEMOGRAPHIC ID #:** _____

For PRO-ED Staff: Authorization added to database on _____