Data Science & AI Aptitude Test (DSAT) Consent and Confidentiality Agreement

The Data Science & AI Aptitude Test (DSAT) is a comprehensive assessment designed to evaluate your proficiency in core data science concepts and technical capabilities.

1. Assessment Duration and Data Collection

- **Assessment Duration and Data Collection** The assessment requires approximately 90 minutes to complete. By proceeding, you consent to the collection of your personal data during the test, including your full name, demographic details, background information, and all submitted responses.
- **Data Confidentiality and Reporting** Your personally identifiable information will be held in strict confidence and will not be disclosed in any public presentations or materials. Relevant personal information will, however, be included on your official score report. This report will only be distributed to you and/or any third parties to whom you have explicitly granted access.
- **Use of Anonymized Data** You agree that your anonymized, non-identifying data, including demographic details, assessment responses, and aggregate score, may be utilized for research, continuous test development, and promotional purposes related to this assessment.

2. Assessment Integrity and Non-Disclosure You agree to maintain the strict confidentiality of the assessment. You are expressly prohibited from reproducing, distributing, or disclosing any test questions, answers, or related materials, in whole or in part, to any person or entity in any format.

Acknowledgment and Age of Consent By accepting these terms, I acknowledge that I have read, understood, and agree to be bound by the conditions outlined above. If I am under 20 years of age, my parent or legal guardian has completed the Parent/Guardian Consent section below.

I have read and understood the terms of this Consent and Confidentiality Agreement and agree to participate in the DSAT under these terms.

Test-Taker Consent

Printed Name: _____

Signature: _____

Date: _____

Parent/Legal Guardian Consent *(Required ONLY if the test-taker is under 20 years of age)* I certify that I am the parent or legal guardian of the minor test-taker named above. I have read and understood the terms of this Consent and Confidentiality Agreement, and I grant permission for the minor to participate in the DSAT under these terms.

Parent/Guardian Printed Name: _____

Relationship to Minor: _____

Parent/Guardian Signature: _____

Date: _____