

Oklahoma Department of Securities
Invest Ed® STARS Program Teacher Waiver

I agree to participate as a teacher in the Invest Ed® Students Tracking and Researching the Stock Market (STARS) program offered by the Oklahoma Department of Securities (Department). This program focuses on investor education and fraud awareness. I recognize that to fully participate in the STARS program my students and I will be required to provide information through an online portal located at www.investedok.org. The information to be entered or submitted, and maintained by the Department, includes: students' names, student email addresses, school, grade levels, teacher name, teacher phone number, teacher email address, teacher emails, school mailing address, risk tolerance assessments, pre and post assessments, message board communications, research data, stock selection data, and student reports.

I understand that the information maintained by the Department as part of the STARS program is governed by the [Oklahoma Open Records Act, Okla. Stat. tit. 51, §§24A.1-24A.31](#), and Section 1-607 of the [Oklahoma Uniform Securities Act of 2004, Okla. Stat. tit. 71, §§ 1-101 – 1-701](#). Further, the information collected through the STARS program will be a matter of public record subject to inspection and copying by members of the public if not otherwise protected by federal or state law. Student reports submitted as part of a STARS awards contest may also be submitted to third parties for evaluation.

I further give the Department the unqualified rights and permission to publish photographs or other images, still or video, comments, and/or written reports (collectively, "Images"), relating to my participation in the STARS program. The publication of Images may be included on the investedok.org website. I grant permission to the Department to reproduce, copyright, publish, circulate and otherwise use the Images.

I confirm that I have provided the Invest Ed® STARS Program Student Waiver to each of my participating students. Further, each of my participating students has signed and returned the waiver. I confirm that I have provided the Department with all signed student waivers.

I confirm that I have voluntarily executed this Waiver and that the rights granted to the Department herein will not conflict with or violate any commitment or agreement I have with any other individual or entity.

I have read this Waiver prior to signing it and I understand and agree to its contents.

Date: _____ Teacher Signature: _____

Printed Name: _____

Administrator Signature: _____

Printed Administrator Name: _____

School Name and Mailing Address: _____

**Return to: Oklahoma Department of Securities, Invest Ed® STARS Program, 204 N. Robinson Ave., Ste.
400, Oklahoma City, OK 73102**