Appendix E: New Student Authorization and Acknowledgement

Instructions: After reading the Academic Catalog and Student Handbook, students should complete all portions of this document. Each part of this form is available as a separate form at www.maccca.org and can be updated at any time.

A. Student Data

Student id number

Part I: Request to Share the Education Record - Students who are part of a religious community or an organization that has applied for and has been approved for an account by the Finance Department must complete, sign, and submit this form. (The Billing Authorization Request may also be required.)

B. Community/Organization/Institution Data

☐ Do not share my education record. [Go to Part II.]
☐ This community/organization/institution is the same as my billing information.
☐ This community/organization/institution has arranged my billing, but my billing address is different; therefore, I will ensure that my billing address is correct.

Name of diocese/institution/individual

Contact person (if individual is not named above)

Title/position of contact person

Address

City, state, zip

Fax number

C. Directory Information

Check blank 1 and/or 2 or circle the field you wish to withhold. If you do not wish to withhold any information, check blank 3.

1.) Do not disclose any of the personal information (6 fields) as noted below.

Name(s)
Address(es)
Phone Number(s)

Date of Birth
Email Address(es)
ID Photo(s)

2.) Do not disclose any of the academic information (7 fields) as noted below.

Most Recent Transfer Institution
Major/Minor Area(s) of Study
Classification
Class Standing

Enrollment Status
Date(s) of Attendance
Degree(s)

3.) I waive my right to withhold the disclosure of directory information and have not checked or circled any of the items listed above.

Part III: Final Acknowledgement and Authorization – I have received and read MACC’s Academic Catalog and Student Handbook, and I understand the information contained in each publication. I agree to abide by and uphold MACC’s principles and policies and to fulfill the requirements of my program of study as stated within each publication. I further acknowledge that I have read and understood MACC’s Family Educational Rights Privacy Act (FERPA) notice. Part II of this form reflects that I acknowledge that notice, and I also understand that this request is effective until I revoke it by submitting an updated Request to Withhold Directory Information form, which I should submit directly to MACC’s Registrar’s Office. Finally, by signing below I authorize the release of my education record data to the defined individual and/or diocese/institution per the information at Section B. Any information pertaining to me and/or my education may be released as noted. If there is a change in the contact person, I will notify the Registrar’s Office immediately in writing. If I am no longer a member of the diocese/institution, I will also notify the Registrar’s Office immediately. I understand and acknowledge that it is my responsibility to ensure that my record is updated and correct.

Student’s signature

Date

Registrar’s Office | Jul 2012