

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.maccsa.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 _____

diocese/institution phone number _____

contact person (if individual is not named above) _____

contact person's phone number _____

title/position of contact person _____

contact's email address _____

address _____

city, state zip _____

fax number _____

Part II: Request to Withhold the Directory Information - Students have the right to request that MACC withhold the disclosure of directory information. The items listed within Section C are designated as MACC's directory information; therefore, students who wish to withhold the disclosure of the information must submit this form, which should be completed as directed within each section.

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 _____