Privacy Flags

**Instructions:** Students may request that a privacy flag be placed/removed on their student accounts. They are required to meet with an authorized college staff member\*, complete the form and show a photo ID prior to having this flag placed/removed. The completed form and copy of photo ID will be forwarded to the Registrar’s Office for placement in the student’s permanent file.

The student will be required to meet with an authorized staff (in person and show a photo id) each time he/she wishes to conduct any college business, as the authorized staff is the only one that has access to the student’s record.

\*Executive Director of CASC, Executive Director of SOC, Executive Director of EVC, Assoc VP for Student Services, Director of Financial Aid, Director of Student Accounts, Dean of Student Advocacy and Accountability, Registrar or Associate Registrar



Request to Place/Remove Privacy FLAG on Student accounts

I,     , am requesting that a privacy flag be [ ]  placed or [ ]  removed (**check *one***) on my student accounts. I understand that this will be placed on all accounts (Financial Aid, Business Office, Registration, etc) at MCC and that I will be required to visit an authorized college staff member and present a valid photo ID before obtaining any information about me. I am also aware that I *may* have issues accessing My Services due to this privacy flag being placed on my accounts. I also understand this prevents **any** release of information over the phone and that I must conduct all college business **in person**.

This request may be canceled at any time by submitting a new request form in person and showing a valid photo ID.

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name: |       | MCC ID #: |       |
|  | Please type full name |
| Address: |       |
|  | Street | Apt # |
| City, State, Zip: |       |  |       |  |       |
| Phone Number: |       |  |       |  |       |
|  | Home |  | Work |  | Cell |
| Reason for Flag Placement/Removal: |       |
| Signature of Student: |  | Date |       |

|  |  |  |  |
| --- | --- | --- | --- |
| **Authorized Staff Signature:** |  | **Date:** |  |
|  |  |  |  |
|  |  |  |  |
| **Type Staff Name:** |       | **Date:** |       |

Authorized MCC Staff will forward completed form with copy of photo ID to:

The Registrar’s Office

Fort Omaha Campus, Building 5