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 Records 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.

\*Kyran Connor, Nadra Davis, Todd Hansen, Wilma Hjellum, Hollie Lander, Julie Langholdt, Albertha Schmid, Sheila Schoessler, Brenda Schumacher, Maria Vazquez



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 Student Services and present a valid photo ID before obtaining any information about them. 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 Records Office

Fort Omaha Campus, Building 5