



# Office of Admissions & Records

- CGCC     EMCC     GCC     GWCC     MCC     PC
- PVCC     RSCC     SCC     SMCC     MSC

## Application for Purchaser of MCCD Student Information

Organization (Requestor):	Date:
Address:	
City, State, Zip:	
Name of Responsible Individual:	Title:
Telephone Number:	E-Mail Address:
Description of information requested:	
Need by (date):	
Is this request for commercial purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Copy of material(s) to be sent to student must be attached. Requests submitted without attachments will be returned.	
Purpose of request and planned use of student information (attach additional pages if needed)	

**Policy/Conditions**

- All applicant/student information will be handled in accordance with requirements of appropriate rules, regulations, and legislations (e.g. the family Educational Rights and Privacy Act of 1974, also known as the Buckley Amendment; the Solomon Amendment of 1997, Arizona Open Records Act; ect.)
- The affected MCCD College will charge the requestor a fee for the information. The fee will include the portion of the cost to the state for obtaining the original...ARS 39-121.03. A fee will be assessed as allowed by law: \$200 per thousand names for commercial purposes, \$100 per thousand names for noncommercial purposes, and \$75 per hour for programming time all to be paid upon receipt of information.
- Requestor agrees not to sell, distribute, transfer, give or provide in any manner whatsoever the list to any other party or to a secondary market.
- Requestor agrees that all solicitation materials forwarded to prospective, current, or former MCCD college students will be truthful and accurate.
- Requestor has attached the brochure or other solicitation materials that will be sent to prospective, current, or former students within the written request for the information.
- Requestor agrees not to present to any prospective, current or former students of the MCCD College that the requestor is owned, operated, controlled by, related to, or affiliated with the affected MCCD College and/or the State Community College Board in any manner.
- Requestor agrees that its sole purpose in requesting the information is as stated in the written request to the designated individual at the affected MCCD college.
- While requests for public records are processed as soon as reasonably possible it is likely that MCCD College will provide the information to the requestor no sooner than (10) working days after receipt of written request and attachments form the requestor.
- Requestor will be responsible for pick up or delivery of the information from the Office of Admissions & Records.
- Submit request for student information to the Office of Admissions & Records at the college listed on the reverse side of this form.
- Questions should be directed to the Office of Admissions & Records at the specified MCCD College.

I have read and agree to all of the above policy/conditions statements.

\_\_\_\_\_  
Requestor's Authorized Signature

\_\_\_\_\_  
Date

Notary's verification is required only for commercial purposes.

Before me this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_, personally appeared \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_.

\_\_\_\_\_  
Notary's Signature

My commission expires: \_\_\_\_\_

**For College Use:**

Approved

Not Approved

Rational: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
College's Authorized Signature

\_\_\_\_\_  
Date

Total Charge: \_\_\_\_\_

Account Code: \_\_\_\_\_