College Name:  New Frontiers For Lifelong Learning/CCE/MCC (“College”)

Instructor Name:  ___________________________________________ (“Instructor”)

Course Sponsor (if applicable):  ____________________________________________________ (“Sponsor”)

Course Section Nos.:  ___________________________________________________________ (“Courses”)

Semester:  ☐ Fall  ☐ Spring  ☐ Summer I  ☐ Summer II  Year:  ____________

I, __________________________________________________, accept responsibility for the proper use of the roster for Courses for the semester(s) indicated above, and agree that the information on it will not be used for any purpose other than as is needed for course-related activities.

I recognize that MCCCD and its Colleges are public educational institutions whose missions are to provide quality education to the citizens of Arizona. I shall not use the Courses to primarily sell services or products of any particular for-profit entity or for my own business. I understand that I may not sell items or products in class unrelated to course activity or sell any materials without prior approval by College, and that I may only sell items or products directly to students only if they relate to my instruction in a particular course.

I shall not add students’ names and addresses for mailing lists, give or sell them to others, or use them for business-related or for-profit activities or other non-educational purpose. I understand that prohibition applies as well to the use of personal information, including financial information, about the student supplied in conjunction with my instruction.

I understand that I may not give any information about a student to anyone, not even to confirm a student’s enrollment in the course, to anyone other than the student him or herself.

I understand that, in teaching the courses described in this Agreement, that I am subject to the non-disclosure requirements of the Family Educational Rights and Privacy Act, 20 United States Code §1232g.

I understand that violating this Agreement will result, at a minimum, in the loss of the opportunity to teach at the MCCCD and any of its colleges in the future.

Name:  ___________________________________________ 

Title:  ___________________________________________ 

Date:  ___________________________________________