



Maricopa Community Colleges
 Office of Public Stewardship
 2411 West 14th Street
 Tempe, AZ 85281-6942
 (480) 731-8882 / (480) 731-8819 FAX
 tina.emmons@domail.maricopa.edu

MCCCD Grade Distribution Report Commercial Public Records Request

Contact Information

Organization (Requester): _____ Date: _____
 Mailing Address: _____
 City, State, Zip: _____
 Name of Responsible Individual: _____ Title: _____
 Phone Number: _____ FAX: _____
 Email Address: _____

Description of Information Requested (attach additional pages if necessary) _____ Need By (Date): _____

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; etc.)
- MCCCD 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 per A.R.S. §39-121.03. A fee will be assessed as allowed by law of **\$200 per thousand sections**.
- Requester agrees not to sell, distribute, transfer, give, or provide in any manner whatsoever the list to any other party or to a secondary market.
- Requester agrees that all solicitation materials forwarded to prospective, current, or former MCCCD college students will be truthful and accurate.
- Requester agrees not to present to any prospective, current, or former students of the MCCCD that the requestor is owned, operated, controlled by, related to, or affiliated with MCCCD and/or the State Community College Board in any manner.
- Requester agrees that its sole purpose in requesting the information is as stated in the written request to MCCCD.
- While requests for public records are processed as soon as reasonably possible it is likely MCCCD will provide the information to the requester no sooner than (10) working days after receipt of written request from the requester.
- Grade Distribution Reports will be mailed to Requestor upon receipt of payment.
- Questions should be directed to the Office of Public Stewardship, (480) 731-8882 or (480) 731-8880.

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

Requester's Authorized Signature: _____ Date: _____

Notary Verification

Notary verification is required only for commercial purposes.

Sworn (or affirmed) to before me this _____ day of _____ 20____.

Notary's Signature _____ My commission expires: _____

Payment—Make checks payable to MCCCD. Information will be released upon receipt of payment.

Method of Payment: Check # _____ Money Order Cash Total Amount \$ _____

For MCCCD Use Only Approved Not Approved Paid \$ _____ on ____ / ____ / ____

Account Code: _____

Rationale: _____

 Custodian of Record Signature