

**MISSISSIPPI EDUCATOR CAREER CONTINUUM ARCHIVE  
SYSTEM ACCESS SECURITY FORM**

This form shall be completed by the Dean/Director of an Educator Preparation Provider (EPP) and, if applicable, his/her designee to be granted access to the Mississippi Educator Career Continuum Archive (MECCA) system user portal for the purpose of completing online licensure requests and to be granted privileges to create, edit, and manage the accounts of other authorized users representing the institution. **IMPORTANT: If this form is being completed due to a change in the Dean or Director of Education, a copy of the contract confirming the date of action and the effective date of appointment shall be submitted with this form.** If you or the prospective designee do not have an existing MECCA account, please create a new user account prior to submission of this form. Please upload the completed form and required additional documents to your MECCA account during the role request application process.

**PLEASE COMPLETE ALL FIELDS LEGIBLY**

\_\_\_\_\_  
Educator ID Number  
(if applicable)

\_\_\_\_\_  
Name of Institution

**EPP DEAN/DIRECTOR ACCESS:**

**Please Check One:**       Request to Add New Account     Request to Remove Old Account     Both

\_\_\_\_\_  
First Name of New Dean/Director

\_\_\_\_\_  
Last Name of New Dean/Director

\_\_\_\_\_  
Appointment Effective Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Name of Previous Dean/Director (if applicable)

\_\_\_\_\_  
Email Address of Dean/Director

\_\_\_\_\_  
Current MECCA username

**DESIGNEE ACCESS:**

**Please Check One:**       Request to Add New Account     Request to Remove Old Account     Both

\_\_\_\_\_  
New Designee's Full Name

\_\_\_\_\_  
Designee's Appointment Date

\_\_\_\_\_  
New Designee's Email Address

\_\_\_\_\_  
Current MECCA Username of New Designee (required)

\_\_\_\_\_  
Previous Designee's Full Name (if applicable)

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I understand that the data maintained by the Mississippi Department of Education (MDE) system is sensitive and confidential. Access to data and the release of data is governed by the Family Educational Rights and Privacy Act of 1974 and Miss. Code Ann. §§ 25-61-5, 25-61-11 and 73-52-1. I agree that I shall not release data unless authorized to do so according to applicable laws, rules, and regulations, nor shall I access or use the information contained therein except for legitimate educational interests. I further agree that I will not allow anyone to login under my login and password and I will logout of the system when I am not at my desk.

**I acknowledge that I fully understand that the release by me of this information to any unauthorized person could subject me to criminal and civil penalties imposed by law.**

\_\_\_\_\_  
**SIGNATURE OF DEAN/DIRECTOR**  
**(This must be an original signature)**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**DESIGNEE'S SIGNATURE (if applicable)**  
**(This must be an original signature)**

\_\_\_\_\_  
**DATE**

*MDE Office Use Only*

Date Received: \_\_\_\_\_ Date Account Updated: \_\_\_\_\_ Updated By: \_\_\_\_\_