

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: _____