

ACPE User Agreement

College and Career Goal Arizona Programs

I (User Name & Title) _____
am an employee of _____
and my Employer has approved the use of this site. The employer must notify the ACPE within 5
working days to disable the account if the user ceases employment or duties no longer require
access. In exchange for access to the ACPE System, the User agrees to the following
responsibilities:

User Responsibilities

- I will not share my password and/or account and am responsible for all actions taken under my account.
- I will contact the ACPE If I have any questions about the use of this site.
- I agree to follow the Family Educational Rights and Privacy Act (FERPA) rules and regulations.

User Acknowledgement

I acknowledge that I have read this Agreement and have raised any questions. The user and
or/employer, may at any time cancel this Agreement. I agree that if I do not follow this Agreement, that
the Agreement will be terminated immediately.

User Signature: _____ Date: _____

Email: _____ Phone: _____

Principal, Lead Counselor, or
Authorized Signatory Name
and Title (Printed): _____

Principal, Lead Counselor,
or Authorized Signatory
Signature: _____ Date: _____

Email: _____ Phone: _____

Mail completed form with signatures to:

Arizona Commission for Postsecondary Education Attn: College Goal Arizona
2020 N. Central Avenue, Suite 650, Phoenix, AZ 85004
or scan and email to acpe@azhighered.gov

Internal Use Only

ACPE Approval (Initial): _____ Date: _____