

**Civil Rights
Voluntary Compliance Plan (VCP) for
_____ Community College
Cover Page**

College Information		College President Information	
College Name:		College President:	
College Office Address:		Email Address:	
Phone # (incl. area code)		Phone # (incl. area code):	
Fax # (incl. area code):			
Date of Civil Rights Compliance Review:			
College VCP Contact Information			
Name of Contact for VCP:		Title:	
Email Address:		Phone #:	
Fax #:			
Signature of College VCP Contact:		Date:	
Signature of College President:		Date:	
<p>Submit Signed Hardcopy and Electronic file of VCP with supporting documentation to:</p> <p style="text-align: center;">Mary Janssen Nebraska Dept. of Education 301 Centennial Mall South Lincoln, NE 68509 402-471-4818 mary.janssen@nebraska.gov</p>			