

**Civil Rights
Voluntary Compliance Plan (VCP) for
_____ High School
Cover Page**

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