

STUDENT SUPPORT SERVICES- TRiO

Midwestern State University
3410 Taft Boulevard Wichita Falls, TX 76308-2099

CONFIDENTIALITY AGREEMENT/AUTHORIZATION FOR RELEASE OF INFORMATION

As a participant in the Midwestern State University TRiO Student Support Services, I am committed to my education. To gain the full benefits of the program, I will make a commitment to my academic goals and the services provided by Student Support Services.

I understand and I will strive for 100% class attendance and 100% class completion. I also understand that the TRiO Student Support Services staff will review data from my application and interviews to assist in assessing my academic and career planning needs. Therefore, all information used will be kept strictly at the highest level of confidentiality. I give the TRiO Student Support Services staff permission to inquire about my class attendance, class work, and tutoring sessions, and receive grade reports; and, I give my instructors permission to release such information to TRiO Student Support Services staff when requested. The TRiO Student Support Services staff will assist me in achieving my academic goals only if I uphold my responsibilities in accordance with the Needs Assessment Form. Should I not meet the requirements and fulfill my academic goals, it may result in consequences regarding my continuation as a participant in the TRiO Student Support Services.

I authorize the TRiO Student Support Services staff to gather information concerning all my academic progress (standardized test scores, grade point average, earned credit, transcripts, tutoring, etc.) and financial aid status prior to my participation in the program.

I understand that this information is used to help determine my eligibility for the program and kept strictly confidential. I grant permission for the TRiO Student Support Services to gather information for follow-up whenever appropriate, including, but not limited to, transfer and progress to 4-year institutions. I am aware that my eligibility and financial aid status will be reported to the U.S. Department of Education in accordance with the grant funding regulations. I certify that the information provided on this application is true and complete to the best of my knowledge. I also agree to provide documentation upon request to verify the information reported.

I am aware that personal information provided to the TRiO Student Support Services will be protected under the Federal Education Rights & Privacy Act (FERPA) of 1974. No one will have access to the information unless they work with or for the TRiO Student Support, or are specifically authorized by me to see the information.

LIMITATIONS OF CONFIDENTIALITY

I know there are some significant expectations to the general policy of confidentiality, which are required by responsible professional practice and/or law. In the following specific instances, student information may be disclosed without the client's consent:

1. Threats to self (such as in a case of suicidal threats or behavior)
2. Threats to others (homicide, battery, physical injury)
3. Abuse or neglect of a child
4. Court ordered subpoena
5. Any sexual contact with a minor under the age of 17.

Student Signature

Date: _____

Printed Name

SID#: M _____