



Funded by the U.S Department of Education

# Student Support Services Participant Application

For Office Use Only:
Date Received: \_\_\_\_\_
Date Processed: \_\_\_\_\_

## I. TO BE COMPLETED BY APPLICANT:

Name: \_\_\_\_\_

ASU Affiliate ID: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address (Local): \_\_\_\_\_ (Number/Street) Cell Phone: \_\_\_\_\_ (Student)

\_\_\_\_\_ (City/State/Zip Code) Permanent Phone: \_\_\_\_\_

## II. EDUCATIONAL INFORMATION

What previous accommodations (e.g., testing accommodations, note takers) have you received in elementary school, high school or college?

What previous enhancement services(e.g., counseling, tutoring, study skills assistance) have you received in elementary school, high school, or college?

## III. SERVICES REQUESTED

I would like instruction, assistance or information in these areas::

- Choosing a Major, Reading, Writing, Math, Study Skills, Organization, Stress Management, Time Management, Transitioning to College, Assistive Technology, Funding Your Education, Grad School, Career/Internships, Getting Involved, Other

## IV. RELEASE OF INFORMATION

I understand that my records are protected under Federal and/or State Confidentiality regulations and cannot be disclosed without my consent except as otherwise provided for in these regulations. I retain the right to revoke this consent at any time, except to the extent that action has already been taken in reliance to it. I give my permission for TRiO staff to release relative information to the parties checked below regarding my disability or otherwise benefit my academic progress here at ASU. Check all that apply:

- ASU Faculty and Staff, Parent/Legal Guardian, Dept. of Vocation Rehabilitation, Other (specify): \_\_\_\_\_, None

This authorization will remain in effect until such time as I or my guardian may revoke it in writing. Without my express revocation, this consent will automatically expire upon graduation.

## V. TAX INFORMATION

You are **Independent** if you meet any of the following criteria:

1. You are over the age of 24
2. You have dependents
3. You are married
4. You are a Veteran of the Armed Forces

You are **Dependent** if you meet any the following criteria:

1. You are less than 24
2. You live with your parents
3. Your parent/s claim you on their tax return

According to the above definitions my status is:

Independent

Dependent

Number of people in your household (including yourself): \_\_\_\_\_

Your **Taxable Income**, as reported on your most recently filed tax return is:  
(Line 6 – 1040 EZ or Line 27 – 1040 A or Line 43 – 1040 \_\_\_\_\_)

I, \_\_\_\_\_, certify that the information that I have provided regarding the size of my family and taxable income is true to the best of my knowledge.

Student Signature: \_\_\_\_\_

Parent/Guardian Signature (if dependent): \_\_\_\_\_

**\*TRiO is funded by the U.S. Department of Education. Information provided will be utilized to determine eligibility for the TRiO Academic Achievement Center and is kept confidential by Program Staff.**

## VI. ADDITIONAL COMMENTS

## VII. Statement of Release

On behalf of the Family Education Rights and Privacy Act of 1974, I hereby authorize the release of my records in reference to academic transcripts, degree plans, personal assessment test scores, and any other academic related information to the DRC and TRiO staff.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_