



Release of Information

I authorize the Community College and Adelphoi Village to use/disclose the below information from the following record:

Participant name: _____

Date of birth: _____ Social Security #: _____

Telephone: _____ Alt. Telephone: _____

Email: _____

- School records
 - Attendance forms
 - Financial disclosures
 - Transportation/Childcare services
 - Other (briefly describe) _____
- Progress Reports
 - Employment information
 - Supportive Services

This information is to be disclosed to the Community College and Adelphoi Village personnel and any agency necessary to help me, the participant, address barriers I encounter on my path to self-sufficiency. Unless revoked sooner, this authorization will expire on the date that I am terminated from the Adelphoi Promise.

The Adelphoi Promise program and its employees are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized. I understand that the AV promise program will not condition treatment, payment, enrollment, or eligibility on the provision of this authorization. I understand that I may review my case file in the presence of my Program Administrator and may also refuse to sign this authorization. Information disclosed pursuant to this authorization is subject to re-disclosure by the recipient and is no longer protected by federal privacy regulations.

***Participant Attendance/Behavior Guidelines**

Attendance in any program is strongly linked to scholastic achievement and employment retention. Academic skills are best learned in a consistent, regular manner, and establishing a good pattern of attendance will help demonstrate reliability to future employers. To help students set a pattern of regular attendance, the Adelphoi Promise Program requires excellent attendance.

If I am unable to attend at the scheduled time, I must call the Promise Administrator and state the reason for the absence. I must continuously participate in activities while enrolled in the program. Any break from activities must be approved by the Adelphoi Promise Administrator. If at any point in time I get arrested or in trouble with the law I will inform the Administrator immediately. I understand that to qualify for Promise funding I must apply for financial aid each year and remain good standing. If at any time I become ineligible for financial aid, I will also become ineligible for Promise funding. I further understand that withdrawing from classes after the start of the semester or enrolling in classes and not attending may result in a bill from the school and I will be responsible for payment.

Participant Signature

Date Signed

Adelphoi Promise Administrator

Date Signed