



APPLICATION FOR ENROLLMENT IN STUDENT SUPPORT SERVICES (TRIO)



University at Buffalo
215 NORTON HALL

Ph: (716) 645-2732

Fax: (716) 645-5090

Name (Mr., Ms., Mrs.) First Middle Initial Last

Social Security # Person #

UB E-mail: Other E-mail:
Address: Local Permanent

Phone # Phone #

Date of Birth Gender (please circle one) Male Female

Eligibility Criteria: Student Support Services is a Federally Funded TRIO Program sponsored by the U.S. Department of Education. Please include ALL appropriate documentation

1. Citizenship Status: Citizen Permanent Resident A

2. First Generation Verification: (defined as my parent(s)/guardian(s) have NOT completed a Bachelors degree).

Highest educational level obtained by Father/Guardian (if applicable)

Highest educational level obtained by Mother/Guardian (if applicable)

3. Disability Status: (student must be registered with the Office of Disability Services.)

Are you a Student with a Documented Disability that requires academic support? YES NO

If yes, please identify the disability you have:

- Note: Disability status must be verified with an accommodation letter from the Office of Disability Services. Student must provide this documentation before services are provided.

4. Income Status: (Accepted documentations are: Federal Income tax Forms [1040EZ, 1040A, 1040, etc.]; or a signed FAFSA application; or Verification from another governmental source; or a signed verification from your parent or legal guardian stating their income; or SSSP low income eligibility form-completed by a financial aid professional and your parent or guardian. Independent students please provide your information)

I am an Independent Student (One who meets the federal government requirements)

I am a Dependent Student (can be claimed by parent/guardian)

Please check the approximate range of your family taxable income level for the last calendar year.

- Less than \$15,315 \$15,315-20,534 \$20,535-\$25,754 \$25,755-\$30,974
\$30,975-\$36,194 \$36,195-41,414 \$41,415-\$46,634 \$46,635-\$51,854
Over \$51,855

Circle the Total number of people in your household, including yourself:

- 1 2 3 4 5 6 7 8 9 more

## STUDENTS RIGHTS AND RESPONSIBILITIES

I. As a student in the Student Support Services Program you have certain rights and responsibilities; among which are the rights to; Respect, Confidentiality, and concern for Progress.

**RESPECT:** All staff members can be expected to respect you as an individual and convey this respect by providing prompt service, keeping appointments or contacting you if a change is necessary, giving you complete attention during sessions, avoiding interruptions during sessions and by providing you with quality services.

**CONFIDENTIALITY:** Information shared by you during a conference will be treated with the strictest confidentiality and will not be disclosed without your permission, except when in the judgment of the Counselor such disclosure is necessary to protect you or someone else from imminent physical harm. While information will not be released to an outside agency or individual without your permission, as professionals we confer with each other within the agency in order to improve our services to you.

**CONCERN FOR PROGRESS:** Staff members consider many issues while attempting to provide you with the most effective services possible, they concern themselves with how often you meet, how long you meet, your level of preparation, what you want to accomplish, and the progress you are making.

II. Along with your rights as a student, you also have certain responsibilities:

- ◆ You must be a registered student at the University at Buffalo.
- ◆ Your active participation in the tutorial, advisement, and counseling process is necessary for progress to be made.
- ◆ Promptness in keeping appointments will allow you to take full advantage of your sessions.
- ◆ Make an attempt, prior to attending your session, to learn and answer material that may require tutorial assistance.
- ◆ Provide staff members with accurate information during the assessment of academic, financial and personal information.

III. If you have any questions regarding the above information, please discuss them with the Director or Coordinator/Counselor.

**I have read the above material regarding the Rights and Responsibilities of students within Student Support Service. I consent to abide by and expect to be treated under the conditions above.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

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## CONSENT FOR RELEASE OF INFORMATION

I am a student in the Student Support Services program, and I give my full consent to your office to obtain any requested information such as: my academic records and grade reports, information from University faculty and/or staff pertaining to my educational status, Office of Disability services regarding my disability status, and the progress that I am making toward a degree in an approved major. This information may also include my parent's tax statements, which is necessary to determine my eligibility for the Program including any financial aid that has been awarded to me.

These necessary sources of information will be used to assist the Support Service staff in helping me to reach my educational and career goals. I understand that this information will be available only to authorized staff members and my confidentiality will be maintained at all times.

I also certify that all the information on this application, including all supporting documentation is true to the best of my knowledge. I also understand that the information collected will be used for statistical purposes for the U.S. Department of Education.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Director/Coordinator Signature)