



**STUDENT DEMOGRAPHIC INFORMATION**

DATE: \_\_\_\_\_

CURRENT NAME (F, M, L): \_\_\_\_\_

PREVIOUS NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

(STREET)

\_\_\_\_\_ (CITY, STATE,

ZIP) \_\_\_\_\_ (COUNTY, IF WISCONSIN)

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

(NON-SCHOOL AFFILIATED ACCOUNT, EXAMPLE: Gmail, Yahoo, etc.)

GENDER: \_\_\_ FEMALE \_\_\_ MALE \_\_\_ OTHER \_\_\_ PREFER NOT TO ANSWER

ETHNICITY:

\_\_\_ HISPANIC/LATINO

\_\_\_ AMERICAN INDIAN/ALASKAN NATIVE

\_\_\_ ASIAN

\_\_\_ BLACK/AFRICAN AMERICAN

\_\_\_ HAWAIIAN/PACIFIC ISLANDER

\_\_\_ WHITE

\_\_\_ TWO OR MORE RACES

\_\_\_ UNDISCLOSED

**EMERGENCY CONTACT INFORMATION**

NAME: \_\_\_\_\_

REALTIONSHIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**PARKING INFORMATION**

LICENSE PLATE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ COLOR: \_\_\_\_\_ YEAR: \_\_\_\_\_

\_\_\_ I WILL NOT HAVE A VEHICLE ON CAMPUS

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# **STUDENT CONFIDENTIALITY STANDARDS AND INFORMATION DISCLOSURE FORMS**

## **CONFIDENTIALITY STANDARDS**

Bellin College believes that protection of patient privacy and confidentiality are of the utmost importance in protecting the trusting relationship between patient and the student provider. As a student of Bellin College, you will be working with information that is both sensitive and private. The clients and clinical agencies, to which you are assigned, rely on us to protect their right to privacy and to ensure that you uphold confidentiality. To assure these agencies and their clients that we will work responsibly with their records, we require all students to read, understand, and commit to a confidentiality agreement.

**Confidentiality means private.** No Bellin College student may ever:

1. Misuse or carelessly care for confidential information.
2. Read a document for any purpose other than to prepare for assigned clinical experiences.
3. Discuss the name of any client except as required to discuss the case with the assigned preceptor, agency employee, or clinical instructor.
4. Discuss the contents of a record for any purpose other than to partake in assigned clinical post-conference activities or consult with the assigned preceptor or clinical instructor.
5. Repeat, copy, release, sell, loan, review, alter or destroy any confidential information except as properly authorized within the scope of my activities by an assigned preceptor or clinical instructor.

If you have any concerns or questions, you must discuss these with your faculty and clinical preceptor.

Any violation of confidentiality may result in a failing grade and dismissal from Bellin College. In addition, a breach of confidentiality can subject the individual to legal action.

## **LAB/CLINICAL SCHEDULE INFORMATION DISCLOSURE\***

Programmatic activities through Bellin College involve comprehensive scheduling processes to engage, secure, and fulfill educational experiences for students. Processes may entail class, cohort, or group arrangement parameters involving incidental or purposeful release of student lab and clinical schedule information to students enrolled in same course within same semester.

I hereby understand the above operational practice and provide consent to Bellin College to release my schedule information, as appropriate to my academic plan of study, to fellow students in the same course, within the same semester, regardless of section. This schedule information is limited to lab, clinical, practicum and/or service-learning experiences. My permission is granted throughout my tenure as a Bellin College student. I grant permission to Bellin College to share my clinical schedule information with all currently enrolled students in same course(s).

## **STUDENT HEALTH INFORMATION DISCLOSURE\***

I hereby grant permission to Bellin College to release my health information to any agency that requests this information as a condition of my placement within its facility for an educational learning experience as part of my program of study with the College. This placement may include, but not be limited to, service learning, clinical, or practicum experiences. My permission to release my health information in this circumstance is granted throughout my tenure as a student at Bellin College.

**BACKGROUND INFORMATION DISCLOSURE RELEASE\***

I hereby grant permission to Bellin College to release a copy of my "Background Information Disclosure" form, as well as the results of my background check from the Department of Justice and the Department of Regulation and Licensing, to any clinical agency requesting results during my tenure as a student at Bellin College.

I also agree that I am under a continuing obligation to notify the Student Services' Office at Bellin College of any pending charges or violations against federal, state, and local laws that occur at any future date during my tenure as a student.

I also agree to notify the Student Services' Office at Bellin College in the event my program extends beyond three years so the background check can be repeated.

By signing below, I confirm that I have read, understand, and commit to the above confidentiality standards and information disclosures.

\_\_\_\_\_  
Student Printed Name

\_\_\_\_\_  
Date of Birth (MM/DD/YYYY)

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

\_\_\_\_\_  
Date

(\*Applies to enrollment in specific courses, such as Nursing Assistant and lab science courses.)

## **FERPA, ACADEMIC & FINANCIAL INFORMATION DISCLOSURE FORM**

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

Social Security Number (Last 4): \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

I, the undersigned, acknowledge that I have received the ***Annual Notification to Students of FERPA Rights***.

I understand further that: (1) I have the right to withhold the release of my educational records; (2) I have a right to inspect and review such records upon request; (3) I have the right to request that Bellin College correct any records believed to be incorrect or misleading.

**I PLACE NO RESTRICTIONS ON THE RELEASE OF MY DIRECTORY INFORMATION.**

**PLEASE WITHHOLD ALL DIRECTORY INFORMATION**

**Please give your careful consideration to the following:**

Only the student may submit or revoke a request to withhold student information. This request will preclude Bellin College from releasing "withheld" items to anyone, including family members\* without first having your written consent.

\*Please note: FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Many of the same rights for students under FERPA apply to parents until the student reaches the age of 18. For additional information, you may contact Student Services at Bellin College.

This form will remain valid until revoked in writing or you cease to be a student. ***(Oral or telephoned revocation will not be accepted.)*** If you are away from the campus, revocation may be made by letter instead of this form.

Bellin College defines Directory Information as the following:

<b>Name</b>	<b>Participation in Specific Activities</b>
<b>Address (including BC email)</b>	<b>Enrollment Status (FT, PT)</b>
<b>Telephone Number (Mobile)</b>	<b>Dates of Attendance, College Level (Freshman, Sophomore, etc.)</b>
<b>Date of Birth</b>	<b>Degrees and Academic Honors Received</b>
<b>Field of study Information</b>	<b>Last Educational Institution Attended</b>

The sharing of detailed elements of your academic record, beyond directory information, must be approved and designated by the student, if desired. Academic information includes, but is not limited to: Academic progress, grades, GPA and schedule. Additionally, if you would like the financial aid office and/or bursar to be able to discuss your financial aid and billing information with anyone, you must complete this form and return it to the Student Services One Stop Shop at Bellin College.

Please provide a password that will be used by Student Services to verify that you have granted a designated person/agency access to your record. Student Services will ask for this password should we be contacted by this person/agency. Therefore, you should share this password with the designated person/agency. Your access password should be something you can easily remember and not so obvious that it can be readily guessed ("Password", "1234" or "ABCD" as examples). If someone contacts us regarding your record and does not know the password, this individual will be directed to contact you for the password.

I, the undersigned, hereby:

\_\_\_\_ DO NOT WISH TO DESIGNATE INDIVIDUALS TO RECEIVE ACADEMIC OR FINANCIAL INFORMATION

\_\_\_\_ DESIGNATE THE FOLLOWING INDIVIDUALS OR AGENCIES TO HAVE PERMISSION TO RECEIVE INFORMATION\*\*

Name/Relationship: \_\_\_\_\_

Academic \_\_\_\_ Financial \_\_\_\_

Name/Relationship: \_\_\_\_\_

Academic \_\_\_\_ Financial \_\_\_\_

\*\*Access Password (Needed if access is granted above): \_\_\_\_\_

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

This form will remain valid until revoked or modified in writing, even if you are no longer enrolled at Bellin College. To change the person/agency listed above, please complete a new release form; the most recently dated form will be active.

**Please note: As a dually-enrolled high school student, your grade report will be provided to your high school when appropriate.**

*A record release is based upon the confidentiality provisions of the Family Rights of Privacy Act of 1974. Record release under FERPA include the following: Directory information, state or federal agencies requesting information to fulfill legal requirements for accreditation, requests from agencies or organizations from which students have received financial aid, requests in accordance with a lawful subpoena or court order, or requests from college officials with legitimate educational interests. If you do not want general directory information shared with any third parties, you must complete a FERPA HOLD form.*

## **BELLIN COLLEGE TUITION/FEES PAYMENT & GUIDE CONTRACT**

By signing this document, I agree to pay all tuition and fees for each semester of enrollment at Bellin College, for the duration of my academic career. I understand that each semester I will be billed for all enrollment tuition and fees and will ensure that my financial obligation with the college will be satisfied by each semester due date.

If I am unable to pay for my entire semester bill by the due date, I acknowledge that I am aware that a payment plan is available from the Bursar at minimal cost.

I further acknowledge that there are penalties should I violate this contract. Such penalties may include the following:

- Loss of access to the online registration process, and program progression.
- Loss of access to my enrolled courses in the Bellin College Learning Management System.
- A hold will be placed on my record that will prevent me from accessing transcripts or grade reports, and official transcript requests will not be processed by the registrar's office.
- There will be a delay in the awarding and posting of my degree or certificate at the end of my studies.

For information on Bellin College policy, please refer to the *Bellin College Guide: Handbook and Catalog*, found in the Quick Links on the BC website. <https://www.bellincollege.edu/>

*I understand that it is my responsibility to read and understand the policies of Bellin College and to refer to them when necessary.*

### **Undergraduate Students:**

Each semester my advisor will provide me with a registration form. This form will list the courses that I will enroll in to facilitate my progress toward certificate or degree completion. Any adjustments to my enrollment each semester must be coordinated with the undergraduate advisor.

### **Graduate and Doctoral Students:**

My program advisor has provided me with a Program of Study, which maps out the required course enrollment for progress toward program completion. Any adjustments to my enrollment as noted on the Program of Study must be coordinated with and approved by my program advisor.

**STUDENT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_