

Guam Community College



GCC Student Center, Room 5204 • Sesame Street
Mangilao, Guam • Tel: (671) 735-5594/5

UPDATE FORM

Semester / Year: _____

Continuing (Attended last term)

Term Accepted into Project AIM: _____

Re-entering (Stopped out for 1 or more years)

Last Term Enrolled: _____

GCC Student ID Number: **B00** _____

First Name: _____ Middle Name: _____ Last Name: _____

MAILING ADDRESS:

_____ Village: _____ Guam, Zip: _____

STREET ADDRESS:

_____ Village: _____ Guam, Zip: _____

CONTACT NUMBERS:

Home: _____ Cell or Pager: _____ Work: _____

E-mail Address: _____

MILITARY VETERAN: No Yes (Which branch of Service? _____)

MARITAL STATUS: Married Single Divorced

I recently have a change in name: _____
Former Name

ASSISTANCE NEEDED: Check all that apply.

- Counseling/Academic Advising Workshops Transfer
 Tutoring Mentorship Program Cultural Enrichment

I am planning to graduate from GCC and transfer to the following 4-year institution: _____

I am majoring in the following educational program: _____

Credits earned to date: _____

Please continue on the backside of this form

Guam Community College



GCC Student Center, Room 5204 • Sesame Street
Mangilao, Guam • Tel: (671) 735-5594/5

STUDENT CONSENT FORM

I, _____, give my consent to Project AIM, TRIO-Student Support Services (SSS) Program staff members to disclose information from my TRIO-SSS Program file or obtain information from my Guam Community College student file for the following express purposes:

INITIAL

- _____ (a) obtaining information from the Financial Aid office to determine TRIO-SSS Program eligibility
- _____ (b) obtaining information from Admissions, Enrollment, Registrar and Academic Affairs to determine TRIO-SSS Program eligibility and academic status
- _____ (c) obtaining information from my academic advisor or any course instructors to determine academic status and aid Project AIM's counselor in monitoring my progress on a semester basis
- _____ (d) obtaining information from the Accommodative Services Office and/or the Assessment & Counseling Department to coordinate services for a successful college experience
- _____ (e) obtaining information, upon my transition into GCC or beyond attendance of GCC, from other federal programs and/or service (e.g., College Access Challenge Grant Program, UOG's TRIO-SSS Program, etc.) to determine TRIO-SSS Program eligibility and to track future educational pursuits

I understand that this information will be disclosed only for the purposes noted above, and that the information released will be limited to the following items:

- _____ (1) participation in Project AIM, TRIO-SSS Program
- _____ (2) completion of individualized academic plan goals
- _____ (3) adherence with recommendations, including attendance at advisement sessions and submission of progress reports

I am committed to adhere to the current Project AIM, TRIO-SSS Program requirements as outlined in my handbook:

I agree I disagree

I am aware that the information I give to Project AIM, TRIO-SSS Program is available to the U.S. Department of Education (the funding agency for Project AIM, TRIO-SSS Program) in accordance with grant funding regulations. The information is protected by the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA.) No one may see the information unless he/she works with or for the Project AIM, TRIO-SSS Program.

I would also like to participate in Project AIM, TRIO-SSS Program's free workshops, activities and other services. I agree to allow the Project AIM, TRIO-SSS Program's staff to include my name and/or picture in publications, including their website. These publications highlight student accomplishments and participation in the Project AIM, TRIO-SSS Program.

I have read this form, had its contents explained to me and understood its contents. I understand that this consent will remain in effect throughout my continuous enrollment at the Guam Community College, unless I indicate otherwise in writing.

Student Signature: _____ Date: _____

FT Staff Signature: _____ Date: _____

Director Signature: _____ Date: _____