



Date: \_\_\_\_\_ Student ID: \_\_\_\_\_ CPAM#: \_\_\_\_\_  
(x/x/xxxx)

### Signature

**I certify that the information I provide here is accurate:**

(I agree that my electronic signature is the legally binding equivalent to my handwritten signature.)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date (x/x/xxxx)

### Contact Information

Full Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Personal Information

The following will be accessed via student records: ethnicity, gender, date of birth, SSN, citizenship. Please refer to the 2<sup>nd</sup> page of this form for more information.

### Educational and Employment Information

Highest Level of Education Attainment (select one):					
GED	H.S. Diploma	Some College	Associate's Degree	Bachelor's Degree	Graduate Degree
Please identify the program of study you are currently enrolled in (select one):				Full-time Student	Do you have, or are you eligible for, a Pell Grant? Yes No
1-Year Cyber Certificate	Associate's Degree	Non-credit program	Other	Part-time Student	
Are you currently receiving benefits under the Trade Adjustment Assistance program:				Yes	No
Are you currently employed?:		Yes	No		
If, yes:					
	Employer Name	Hours per week	Salary/Wage	Start Date (x/x/xxxx)	Work Phone
Underemployed?	If yes, Reason: Working part-time My earnings are less than \$19.96/hr with benefits or \$21.78/hr without benefits Working full-time, but duties and/or salary are not commensurate with my skill level Working full-time, but duties and/or salary are not commensurate with my educational level				
Yes					
No					

### Veteran Status

I am not a veteran I am the spouse of a veteran

I AM a veteran

\_\_\_\_\_  
Branch of Service

\_\_\_\_\_  
Date of Discharge

\_\_\_\_\_  
Type of Discharge

**Do you have a documented service-related disability:** Not a disabled veteran < 30% disability rating ≥ 30% disability rating

I received copies of the "Grievance Procedures" and "Veteran's Priority of Service" procedures.



## Grant Funded Student's Authorization to Disclose Information from Education Records

In accordance with the Privacy Act of 1974 (Public Law No. 93-579, 5 U.S.C. 552a), you are hereby notified that the Department of Labor is authorized to collect information to implement the Trade Adjustment Assistance Community College and Career Training Program under 19 USC 2372 – 2372a. The principal purpose for collecting this information is to administer the program, including tracking and evaluating participant progress. Providing this information, including a social security number (SSN) is voluntary; failure to disclose a SSN will not result in the denial of any right, benefit or privilege to which the participant is entitled. The information that is collected on this form will be retained in the program files of the grantee and may be released to other Department officials in the performance of their official duties.

I understand that my educational records are protected by the *Family Educational Rights and Privacy Act of 1974*, and they may not be disclosed without my prior written consent. I hereby consent to the disclosure of the following education records pertaining to me to the persons and for the purposes as stated below:

I hereby authorize the following officials:

1. Hagerstown Community College officials and faculty members teaching courses in which I am currently (or was) enrolled
2. Cyber Technology Pathways Across Maryland (CPAM), Employment Training Administration (ETA), Maryland Department of Labor, Licensing and Registration (DLLR), HCC Cybersecurity workforce staff and/or industry accrediting bodies to include, but not limited to: CompTIA, Cisco, (ISC)<sup>2</sup>

to disclose the following:

1. demographic or contact information, which may include social security number and other personally identifiable information
2. employment status
3. financial information, including financial aid, student account balance, and Veterans benefits
4. academic records including, but not limited to placement test results, class schedule, interim and final grades, attendance, any information regarding my academic progress prior to the final determination of grade, and professional certifications

to the following persons:

1. CPAM, ETA, DLLR and/ or HCC Cybersecurity workforce staff members
2. Specific state and federal grant funders, lead agencies, fiscal administrators of grant programs
3. Hagerstown Community College officials with a legitimate educational need to know

for the following purposes:

1. to monitor, assist and determine eligibility for grant-funded programs
2. to monitor and assist with respect to retention and student support needs related to programs within Student & Career Services
3. for reporting requirements of specific grant programs; as well as for statistical analysis of grant outcomes
4. to monitor and assist with graduate placement needs and employment outcome tracking

I understand further that:

1. such records may be disclosed only on the condition that the party to whom the information is disclosed will not re-disclose the information to any other party without my written consent unless specifically allowed by law.
2. I have the right to not consent to the release of my educational records for these purposes only by initialing the box below.
3. I recognize that a copy of such records must be provided to me upon my request in writing to the Hagerstown Community College Registrar.
4. this authorization remains in effect unless revoked by me in writing.

A copy of this authorization shall be considered as effective and valid as the original. By signing this form, I certify that I agree to the disclosure of the records referenced above. This authorization and consent by me is valid **for the life of the grant reporting period or until I revoke it in writing.**

### HAGERSTOWN COMMUNITY COLLEGE

PRINTED NAME

HAGERSTOWN COMMUNITY COLLEGE

STUDENT SIGNATURE

DATE (x / x / xxxx)

I am **opting out** of signing this form and understand that I may not be eligible to receive grant-funded educational assistance because of this decision.

### HAGERSTOWN COMMUNITY COLLEGE

PRINTED NAME

HAGERSTOWN COMMUNITY COLLEGE

STUDENT SIGNATURE **\*\*\*ONLY SIGN HERE IF YOU ARE OPTING OUT\*\*\***

DATE (x / x / xxxx)