Annual Notice to Students Family Rights and Privacy Act of 1974

The Family Educational Rights and Privacy Act (FERPA) affords students certain rights with respect to their education records. A detailed explanation of those rights may be found at 34 C.F.R. § 99.1 et. seq. In summary, they are:

1. The right to inspect and review the student's education records within 45 days of the day Trinity College of Nursing & Health Sciences receives a request for access. Students should submit to the College Registrar a written request that identifies the records(s) they wish to inspect. The Registrar will make arrangements for access and notify the student of the time and place where the records may be inspected. If the records are not maintained by the Registrar, he/she will advise the student as to whom the request should be addressed.

2. The right to request an amendment of the student's education record(s) that the student believes are inaccurate, misleading, or in violation of the student's right to privacy. Students desiring an amendment to their education record should write the Registrar, and clearly identify the part of the record they want changed, and specify why it is inaccurate, misleading, or in violation of the student's privacy. The student's right to request an amendment may not be used to challenge grades.

3. The right to a hearing regarding the request for an amendment of the student's education records. If the College decides not to amend the record as requested by the student, the College must notify the student of the decision and advise the student of his or her right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the student when notified of the right to a hearing.

4. The right to prevent the College's disclosure of the student's personally identifiable information from the student's education records in most circumstances. The College must obtain the written consent of a student before disclosing that student's personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent. Where required, a student's consent must specify the records to be disclosed, the purpose of the disclosure, and the party or class of parties to whom disclosure may be made. Among several others, FERPA contains the following exceptions allowing the College to disclose a student's personally identifiable information:

   a. Disclosure to school officials with legitimate educational interests is permitted without a student's written consent. A school official is a person employed by the College in an administrative, supervisory, academic or research, or support staff position (including law enforcement unit personnel and health staff); a person or company with whom the College has institutional services or functions that the College would otherwise use employees to perform (such as an attorney, auditor, or collection agent); a person serving on the Board of Trustees; or a student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility. A school official must be under the direct control of the institution with respect to the use and maintenance of information from education records.

   b. Disclosures to parents are permitted in three situations. First, disclosure of a student's personally identifiable information to parents is permitted absent a student's written consent in the event of a health or safety emergency. The College may disclose education records in an emergency if the College determines that there is an articulable and significant threat to the health or safety of the student or other individuals. Second, disclosure of a student's personally identifiable information is permitted to parents of the student if the student is a dependent pursuant to Section 152 of the Internal Revenue Code of 1986 and notice is given to the student that a parent has requested such information. Third, disclosure of a student's personally identifiable information to parents is permitted without the student's written consent if the student is under 21 and has violated a law or College rule or policy governing alcohol or controlled substance consumption or possession.

5. The right to opt out of the disclosure of directory information.

   a. Pursuant to FERPA, the College has classified certain personally identifiable information as directory information, which may be released without the student's consent. The College defines directory information as the following: student's name, address, telephone number, email address; dates of attendance; previous institutions attended; major (s); degrees and awards received; honor's conferred (including dean's list); degree candidacy; status (full or part-time); and date of birth. Directory information may be released in written form or by other media, such as photographs, video or electronic images.

   b. FERPA permits the College to limit the disclosure of directory information to specific parties, for specific purposes, or both. In the exercise of that authority, the College may release all directory information to members of the College family, defined as administrators, faculty, employees and trustees. Other releases will be limited to those situations in which the College, in its discretion, believes the release would recognize a student for his or her academic or extracurricular achievements or contributions to the College or would otherwise serve to advance the interests and image of the College. Examples of such releases would be the publication of the names of students on the dean's or honors list in news releases or graduation programs. Another example would be the release of directory information in connection with College sanctioned alumni affairs.

   c. Students who wish to restrict the release of directory information must submit the appropriate form to the Office of the Registrar during the first week of each academic term. This form can be found on the College's website or at the Office of the Registrar. Upon receipt of such request the Office of the Registrar will designate that the student's directory information is confidential and not to be released outside the College except to individuals, institutions, agencies and organizations authorized in the Act. The College will honor all requests to withhold any of the categories of directory information listed above but cannot assume any responsibility to contact the student for subsequent permission to release information. Nondisclosure will be enforced until the information is subsequently released by the student. A student may not, however, opt-out of disclosure of the student's name, institutional e-mail address, or electronic identifier in the student's classroom. Regardless of the effect on the student, the College assumes no liability for honoring the request of the student to restrict the disclosure of directory information.

6. The name and address of the office that administers FERPA is:
   Family Policy Compliance Office
   U.S. Department of Education
   400 Maryland Avenue, SW
   Washington, D.C. 20202-5920
   Phone: 800-USA-LEARN (800-872-5327)

TRINITY COLLEGE OF NURSING & HEALTH SCIENCES
IOWA HEALTH SYSTEM

Family Educational Rights & Privacy Act (FERPA) Form

Student Waiver of FERPA Rights

The Family Educational Rights and Privacy Act (1974) protects the privacy of student records. Under the Act, a student may inspect and review their education records, may seek to amend those records, and may limit disclosure of information from those records. There are strict limits on who else may have access to a student's records.

PLEASE PRINT

I, _____, understand the Office of Student Services and the Registrar's Office of Trinity College of Nursing & Health Sciences will preserve the confidentiality of my records, in keeping with the Family Educational Rights and Privacy Act (FERPA).

In signing this form I give express written permission for the Office of Student Services and the Registrar's Office to discuss my:

☐ Academic Records
☐ Financial Records

with:

_____

(name of person(s) and their relationship to you)

Signed: _____

Last 4 digits of Soc. _____ Date: _____

For Office Use Only:

Action Taken: _____

_____

_____ _____

Registrar Signature Date

Retain in Student File

Media Release Form

Student Authorization for Photos, Video Recordings, Media, Web, Prepared Statements & Interviews.

I do hereby give Trinity College of Nursing & Health Sciences, his or her assignees, licensees, and legal representatives the irrevocable right to use my name (or any fictional name), picture, portrait, or photograph in all forms and media and in all manners, including composite or distorted representations, for advertising, trade, or any other lawful purposes, and I waive any right to inspect or approve the finished version(s), including written copy that may be created in connection therewith. I am of full age (18 years or older).

To do the following (check as many as apply):

- ☐ Take photographs of me.
- ☐ Record me on audiotape or videotape.
- ☐ Work with me to prepare a personal statement.
- ☐ Conduct an interview with me, which may include questions about my personal experiences at the College.

Photographs and recordings may be used for single or multiple purposes in any print publication or electronic media (including but not limited to newspapers, television broadcasts, radio broadcasts, magazines, brochures and web sites) as approved by Trinity College of Nursing & Health Sciences and/or outside news organizations. This includes both publications and electronic materials prepared by Trinity College of Nursing & Health Sciences as well as outside news organizations.

I realize I will receive no payment in connection with any publication or use of these photographs, video or audio recordings or statements, and I waive any claims that I or others have for such payments.

I do now and shall in the future hold Trinity College of Nursing & Health Sciences, its successors and assignees, blameless and free from any claims in connection with the consent and use of the materials specified above.

This form has been explained to me—or I have read and fully understand this form—and all questions that I have been asked have been answered to my satisfaction.

Student or Legal Representative (If under 18 years) Signature: _____

If Representative, relationship to student Signature: _____

Student/Legal Representative Signature: _____

Date: _____

TRINITY COLLEGE OF NURSING & HEALTH SCIENCES
IOWA HEALTH SYSTEM

Accessibility Services Office Student Intake Form

STUDENT NAME: (Top portion must be completed in its entirety).

_____ ID#: _____
(Last Name) (First Name) (Middle Name)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work/Cell Phone: _____

E-mail Address: _____

Emergency Contact: _____ Phone #: _____

DISABILITY INFORMATION:

- ☐ LD/ADD/ADHD
- ☐ Hearing Impairment
- ☐ Physical
- ☐ Visual/Blindness
- ☐ Traumatic Brain Injury
- ☐ Psychological
- ☐ Chronic Medical
- ☐ Temporary Injury
- ☐ Other: _____

Please describe your disability and how it affects your **academic activities** and **daily living:**

_____

_____

_____

Please describe any **secondary disability** or **additional information** that may help us assist you:

_____

_____

_____

ADDITIONAL SUPPORT AGENCIES:

- ☐ BVR
- ☐ Veterans Administration
- ☐ Workman's Compensation
- ☐ Other _____
- ☐ None

If you checked one of the above, what is your counselor's name? _____

When do you plan to enroll at Trinity College of Nursing & Health Sciences? _____

Please read the following statement before signing and returning this form. If you have any questions, please contact Lenore Knock at (309) 779-7720.

I understand that in addition to completing this form, I need to provide documentation to develop an accommodation plan to receive services. I also need to complete the College's Admissions Process, which is separate from these procedures.

As a participant in the Accessibility Services program at Trinity College of Nursing & Health Sciences, I give permission to share information with other college departments and faculty that will support and enhance the services I am requesting through this program.

Student Signature: _____ Date: _____

Please return this form to the following:

Mail: **Lenore Knock**
Trinity College of Nursing & Health Sciences
2122 25th Avenue
Rock Island, IL 61201-5317

FAX: **309-779-7748**
DROP OFF: **Student Services Office**

FOR EMPLOYEE USE ONLY

Employee Initials: _____ Date: _____

Employee Notes:

_____

_____

_____

_____

_____

_____

_____

☐ Documentation Received Date: _____