



# Success Center

The Success Center is available to **ALL** students. The information on this form is necessary for statistics that the Success Center must keep on ALL students we serve because our program is a federally funded TRIO program. All information is voluntary and the answers will be kept strictly confidential and **will not** affect your receiving services. Thank you.

Name: \_\_\_\_\_ Sex: M F  
Address: \_\_\_\_\_  
City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Ethnicity: Are you Hispanic/Latino?  Yes  No  
Are you (check all that apply): \_\_\_ White \_\_\_ Hispanic \_\_\_ Black \_\_\_ Asian \_\_\_ Am. Indian/Alaskan  
\_\_\_ Native Hawaiian

E-Mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Phone \_\_\_\_\_

I am interested in being matched with a Peer Mentor at SVC (Circle one) Yes No

Do you have a physical or learning disability? (Circle one) Yes No

If yes, please describe: \_\_\_\_\_

(Note: You are not *required* to complete the section on learning disabilities, but it is in your best interest to do so.)

Are you a First-generation student? A First-generation individual is a person whose parents have not earned a baccalaureate (4-year) degree. If you were raised by one parent, answer for that parent, and note that info below:\*\*

Did your mother graduate from college with a baccalaureate degree (BA or BS – four-year degree)?  
(Please answer for the parent(s) that raised you. If you lived with only one parent, please answer for that parent only.) Yes No

Did your father graduate from college with a baccalaureate degree (BA or BS – four-year degree)?  
(Please answer for the parent(s) that raised you. If you lived with only one parent, please answer for that parent only.) Yes No

\*\*If you were raised in a single-parent family, please note that here: \_\_\_\_\_

### Confidentiality and Student Signature

Important! The Success Center is a TRiO program and TRiO handles student information confidentially. Information will be used by TRiO to assist in verifying your program eligibility to the Federal Government and/or providing you with academic services. Your signature below verifies the data requested and verifies your full agreement and understanding of this form.

- I authorize the Success Center to: obtain disability data, obtain financial aid documents and transcripts, verify citizenship and verify my academic standing in order to provide services to me.
- I give SVC Success Center permission to track or correspond with me for five (5) years after I leave SVC in the interest of better serving future students. I certify that the information I've given is correct to the best of my knowledge. I understand that if any of this information is found to be false, my eligibility for Student Support Services may be jeopardized and I may be held accountable to repay any supplemental aid I received under false pretenses. I am signing this form knowing that my financial aid information will be obtained from the Financial Aid Office.
- I am a legal citizen of the United States of America  Yes  No

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

\_\_\_\_\_  
Date