



Program: 2019 Transition to College Summer Program – Putney Campus

From: Office of Student Affairs

Re: Forms Checklist

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We ask that all forms are returned by July 8, 2019 (if you have received this information after July 9, then please return as soon as possible **and bring with you to Registration**). In order to be prepared for your arrival, there is a range of information that the College needs from you. Some of this information is required, and some of the forms are for optional services available to you as a student.

Please take a moment to review this checklist, and the forms available for download at: <https://www.landmark.edu/summer/transition-to-college-programs>

## Forms for Your Information & Records

- Enrollment Information & Billing Statement

## Required Forms

- General Release and Acknowledgement of Consent
- Health History - Please include a copy of the front and back of your insurance card.
- Tuberculosis Screening
- Immunization Record

## Optional Forms

- Consent to Release Educational Information
- Campus Card Account Application
- Authorization to Release Student Account and Education Information (FERPA Release)

Please Return All Forms to The Address Below No Later Than July 8, 2019.

Transition to College Summer Program Enrollment Forms  
Landmark College  
19 River Road South  
Putney, VT 01546

Student Affairs Fax: 802-387-6703

Student Affairs Email: [CampusLife@landmark.edu](mailto:CampusLife@landmark.edu)

**It is strongly advised that you make copies of all forms for your records before submission**



Program: 2019 Transition to College Summer Program – Putney Campus

From: Office of Student Accounts

Re: Enrollment Information & Billing Statement

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**Please retain this document for your records - This is your billing statement**

## Comprehensive Fees

Tuition	\$ 3,100
Room	340
Board	365
Damage Deposit	50
Total	<u>\$ 3,855</u>

## Payments Are Due On the Following Dates

Due Dates	Description	Amount Due
June 1, 2019	Transition to College Summer Program payment	\$ 3,855

## Terms & Conditions

- All checks should be made payable to Landmark College.
- Summer fees are non-refundable.
- Please note that the fee for the Social Pragmatics Track is applied to the extended orientation, reduced staff to student ratio and the assessment portfolio.
- A student may register only after signing the **Responsible Payer Agreement Form** and after paying all required fees to the college.
- Any assessed damages, unpaid fines, or other charges will be charged to the Student. Campus damages that cannot be assessed to any individual student will be charged to all student accounts.
- Room fees listed apply to standard double rooms. Any non-standard room arrangement is subject to additional fees.
- You can also pay your bill via **Quikpay**, our online payment system. Just visit the College's website at [www.landmark.edu](http://www.landmark.edu) and click the link for "Pay Online" at the bottom of the page. You will need your student ID number found in your admissions letter. **Quikpay** accepts credit cards and e-checks.
- If you have any questions, please call Student Accounts at 802-387-6845.



Program: 2019 Transition to College Summer Program – Putney Campus

From: Office of Student Affairs

Re: General Release & Acknowledgment of Consent (page 1 of 2)

*This is a legal document about liability. Students volunteer to enroll in the Program. Being in the Program involves some risks*

*Students will not hold the College or the Program responsible in any way for any injuries or damages outlined in the next five (5) paragraphs.*

*Students will not hold the College or the Program responsible in any way for any injuries during Program-related sports (even if it results in death) or traveling to a Program event.*

*Students will not hold the College or Program responsible in any way for any damage or injury to personal property or for any injuries or damage related to the use of any car or other means of travel.*

*The College has the right to dismiss students for violating policies of the College or Program.*

*Students cannot hold the College or Program responsible for any harm caused by the medical staff, who are independent contractors and not College employees.*

*Students must tell the Program of any disability that needs accommodation.*

In consideration of the acceptance of, and recognizing that his or her enrollment in the Landmark College High School Summer Program ("the Program") is voluntary, and that there are certain risks which the Student assumes by enrolling in the Program and participating in its educational, residential, athletic, and activity programs, the Student hereby enters into the following General Release and Acknowledgment of consent ("Release and Consent").

- 1) The Student waives, releases, and forever discharges all claims, demands, actions or causes of action, which he or she may now or in the future have against the Landmark College ("the College") a non-profit educational organization, incorporated in the State of Vermont, its officers, directors, faculty, staff, employees, agents, and its successors and assigns, for any damages, loss, cost or expense including attorneys' fees, arising out of or in any way connected with any of the following, and further agrees to defend, indemnify and hold harmless, from any and all liability, including, but not limited to attorneys' fees, arising out of or related to the following.
  - a) Any injury or illness suffered by the Student due to her or his participation in any organized or sanctioned activity and or athletic program(s) sponsored by the Program, regardless of whether or not it results in the death of the Student, due either to the nature of the activity or the dangers in travel to or from a specific event, whether or not it is the result of the active or passive negligence of the Program. Activity and activity programs or events include, but are not limited to activities involving they use of the gym, athletic training facilities, aerobics, badminton, basketball, carnival games, dancing, theater, hiking, martial arts, music, softball, swimming, rock climbing, ropes course, running, soccer, volleyball, weight training, yoga.
  - b) The Student accepts responsibility for wearing appropriate safety equipment during any activity or athletic event.
  - c) Any loss of or damage or injury to property, whether personal, real or mixed, owned by the Student or by another, caused in whole or in part by the Student whether alone or in association with others.
  - d) Any and all claims of whatever nature for injury, death, loss, damage, accident, delay, cost or expense sustained by Student arising out of or related to the use of any vehicle or other mode of transportation.
  - e) Any financial or other obligations or liabilities incurred by or on account of the Student.
- 2) The Student recognizes and acknowledges that the College has absolute discretion in matters relating to the administration of the College and its programs, and the dismissal of the Student from the Program. If the Student violates any of the provisions of the College's policies or any of the terms and conditions of the Student's enrollment, or if for any other reason is the sole and absolute discretion the College determines that Student must be dismissed, the Student may be dismissed and sent home at the expense of the Student.
- 3) The Student recognizes and acknowledges that the medical staff at the College are independent contractors, and not employees of the College, and that the College is not in any way responsible for, and shall not be liable for, any aspect of medical treatment provided to the Student, including, but not limited to the consequences of any examination, advice, diagnosis, medication, treatment, prognosis or other professional services which such medical staff may furnish the Student. The student agrees to hold the College harmless from any claim related to action of the medical staff. The Student represents and warrants that he or she has disclosed (and will disclose) to the College any existing disability or illness of the Student which may require medical treatment or accommodation.

*According to Federal law, the Program can print and release basic information about students.*

- 4) The Family Educational Rights and Privacy Act of 1974 allows the College to release directory information about a Student without obtaining the Student’s prior consent. Directory information includes, but is not limited to, a Student’s name, address, telephone number, date and place of birth, major field of study, participation in officially recognized activities and sports, dates of attendance at Landmark College, degrees and awards received, and the most recent previous educational institution attended.

The Student hereby authorizes the College, its agents, employees, officers and assigns, to take, process, publish, or otherwise use photographs, motion pictures, video images, or other forms of visual reproduction, and voice prints of the Student either alone or with others, in any way deemed appropriate by the College in the sole and absolute discretion of the College without the pre-approval of the student, for recruitment or promotional purposes. Any student who objects to the release of this kind of information, either during or after his or her period of attendance in the Program, should make a written request to the Registrar within one day of registration, asking that directory information and/or visual or vocal reproduction not be released without prior consent. in the absence of a written request, this authorization shall be considered in effect.

*The College will print and distribute internal directories.*

- 5) The student acknowledges that the College will maintain and publish internal directories that could contain, but not be limited to, a Student’s name, campus telephone number, mailbox number room number and photograph.

*Students agree to attend class and complete work.*

- 6) The Student agrees to maintain an active and meaningful academic participation in all courses in which the Student is registered and to attend classes as required by the instructor.

*If one part of this waiver is removed or invalid, the rest of the waiver remains in effect.*

- 7) If any of the provisions of this Release and Consent shall be held invalid or inoperative, they shall be deemed to be severed from this agreement, and given no force or effect, and the remaining provisions shall be given full force and effect.

*This waiver will remain in effect as long as you are enrolled at the College.*

- 8) The Student agrees that this General Release and Acknowledgment of Consent shall remain in force and be valid as it pertains to any period of time during which the Student is enrolled at the College.

If there are any items on this release that are not fully understood, please call the College at (802) 387-6700 before signing below.

**Important Note: The notes in the left column have been provided in an attempt to summarize, but not substitute the statements and conditions in the right column. By signing below, you agree to the actual conditions stated in the right column.**

By signing this document, the Student represents that he or she has read this General Release and Acknowledgment of Consent, understands its provisions and agrees to be bound by it, and that he or she has signed it on:

*Date:*

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*Student Signature:*

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*Printed Name:*

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*If you are under 18, your parents have to read and sign this as well.*

I have read the foregoing General Release and Acknowledgment of Consent, and understand its provisions. In consideration of the Student’s enrollment in the College, I acknowledge and agree that the Student and I are jointly and severally bound by the General Release and Acknowledgment of Consent.

*Date:*

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*Signature of Parent/Guardian*

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*Printed Name of Parent/Guardian*

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Program: 2019 Transition to College Summer Program - Putney

From: Health Services

Re: Health Records: Report of Health History (page 1 of 4)

A copy of the front and back of a health insurance card must be attached to this form.

Last name First name Middle (Chosen Name) Birth Date Age

Home Address (# Street/Apt) City State Zip

Home Phone# Mobile Phone # Email Citizenship Gender Identity

Health Insurance Provider

Subscriber's Name Cert # Group #:

Family History & Information

Parent #1 Name Home Phone # Mobile Phone # Email

Parent #1 Home Address (if different from above) City State Zip

Parent #2 Name Home Phone # Mobile Phone # Email

Custodial Parent/Guardian or Emergency Contact #2 Phone # Email

Parent #2 City State Zip

Student Health Care Provider & Insurance Information

Health Care Provider's Name Provider Phone #

Health Care Provider's Address City State Zip

Health Insurance Provider Subscriber's Name Cert # Group #:

Emergency Contacts

Emergency Contact #1 Name Phone # Email Relationship

Emergency Contact #2 Name Phone # Email Relationship

Table with 5 columns: AGE, STATE OF HEALTH, OCCUPATION, AGE AT DEATH, CAUSE OF DEATH. Rows for Parent 1, Parent 2, Sibling, Sibling.

### Family History - Have any of your blood relatives had any of the following:

	Y	N	Relationship		Y	N	Relationship
Alcohol/Drug Abuse				Headaches			
Allergies				Heath Disease			
Arthritis				High Blood Pressure			
Asthma				Kidney Disease			
Cancer				Intestinal Problems			
Cholesterol problem				Learning Disability			
Depression				Lung Disease/TB			
Diabetes				Stomach Disease			
Epilepsy/Convulsions				Stroke			

### Personal History - Have you had any of the following:

	Y	N		Y	N		Y	N
1. ADD/ADHD			30. Eating problems			58. Pneumonia		
2. ASD			31. Fainting /Blackouts			59. Polio		
3. Allergies (list/see page 3)			32. Foot trouble			60. Pregnancy		
4. Anemia			33. Gall Bladder problems			61. Rheumatic Fever		
5. Anxiety, frequent			34. Gum/dental disease			62. Scarlet Fever		
6. Anorexia			35. Hay Fever			63. Sexually Transmitted Disease		
7. Arthritis			36. Head injury/Unconscious			64. Shortness of breath		
8. Asthma			37. Headaches, frequent			65. Sickle Cell Disease		
9. Back problems			38. Heart murmur			66. Sinus trouble		
10. Bleeding, abnormal			39. Hemorrhoids			67. Skin trouble		
11. Broken bones			40. Hepatitis/Jaundice			68. Strep throat, frequent		
12. Bulimia			41. Hernia/Rupture			69. Stomach trouble		
13. Cancer or impaired immunity			42. High Blood Pressure			70. Substance /Alcohol Abuse		
14. Chicken Pox			43. Indigestion, frequent			71. Throat problems /infections		
15. Cholesterol problems			44. Insomnia			72. Thyroid disorder		
16. Chronic cough			45. Intestinal problems			73. Tonsillitis, frequent		
17. Chronic constipation			46. Joint Disease/Injury			74. Tuberculosis		
18. Colds, recurrent			47. Kidney Disease			75. Tumor		
19. Colitis			48. Leukemia			76. Typhoid Fever		
20. Convulsions/Seizures			49. Low Blood Pressure			77. Ulcer/Stomach or other		
21. Dental problems			50. Malaria			78. Underweight		
22. Depression, frequent			51. Measles, German (Rubella)			79. Urinary Tract Infection		
23. Diabetes			52. Measles, Red (Rubeola)			80. Varicose veins		
24. Diarrhea, frequent			53. Mononucleosis			81. Weight/recent gain		
25. Diphtheria			54. Mumps			82. Weight/recent loss		
26. Dizziness			55. Nephritis			83. Whooping Cough		
27. Ear trouble/Hearing loss			56. Neuromuscular complaints			84. Weakness/ Paralysis		
28. Epilepsy			57. Overweight			85. Worry, often severe		
29. Eye trouble			58. Palpitations/ Heart			86. Other		

Please explain any positive answers above by using #:

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## Allergies, Surgery & Personal History

Allergies/type of reaction:	Y	N		Y	N		Y	N
Penicillin			Appendectomy			Irregular Periods		
Sulfa Drugs			Tonsillectomy			Severe Cramps		
Horse Serum			Hernia Repair			Excessive Flow		
Chicken Feathers/Eggs			Fractures/ Orthopedics			Breast Lumps		
Other Drugs (explain)			Handicaps or Special Needs			Other (explain)		
Foods (explain)			Other (explain)			Other (explain)		
Bees/Wasps			Other (explain)			Other (explain)		
Trees/Plants			Other (explain)			Other (explain)		
Dust/Molds			Other (explain)			Other (explain)		
Other (explain)			Other (explain)			Other (explain)		

Serious illness or surgery or handicaps:

When was your last visit to the dentist:

If you use tobacco products, what product do use?

Times per day:

# of years:

How much caffeine do you consume (coffee, tea, soda)?

Number of servings per day:

If you drink alcoholic beverages, how many a day or week?

Do you use street drugs?

Which ones?

## Past Injuries - Do you have (or have ever had), the following:

	Y	N	When	Explain
Concussion(s)				
Skull Fracture(s)				
Neck Injury				
Shoulder Injuries				
Elbow Injuries				
Arm/Wrist/Hand Injuries				
Rib Cage Injuries				
Back Injuries				
Hip Injuries				
Thigh Injuries				
Knee Injuries				
Lower Leg Injuries				
Shin Splints				
Ankle Injuries				

## Prescription Medications, Vitamins & Supplements (name, dose & times/day):

Med 1:	Med 5:
Med 2:	Med 6:
Med 3:	Med 7:
Med 4:	Med 8:

## Acknowledgements

I hereby certify that this form is complete to the best of my knowledge.

Student Signature

Date

## Student's Bill of Rights

As a student, I understand I have the right...

1. to be treated with dignity and respect by all those who serve me.
2. to a plan of care that is designed to meet my individual needs.
3. to participate in the development of my care.
4. to have my plan of care evaluated and updated periodically
5. to expect that all personnel who care for me will be current in the skills and knowledge of their field of employment.
6. to expect that those providing my care will receive supervision and direction from qualified persons on an ongoing basis.
7. to expect proper identification by name and title of those persons who care for me.
8. to know that case-related information will be kept confidential and may not be released to anyone (including parents/guardians) without my written authorization.
9. to review my record of care at any time.
10. to refuse treatment.
11. to be served without regard to race, color, religion, national origin, sex, age, veteran or handicapped status.

I have read the above Student's Bill of Rights.

Student Signature

Date

## Consent for Health and Counseling Services Information Sharing

Landmark College Health and Counseling Services recognizes the close ties between students' physical and emotional well-being. For this reason, it can often be a helpful and effective strategy for Landmark College counselors and Health Services practitioners to collaborate regarding your treatment. With your consent, your Landmark College counselor and Landmark College health care provider may exchange your medical and/or mental health information and discuss your treatment. If you prefer not to give consent, you may also leave this space blank.

Student Signature

Date

## Consent Form for Permission to Provide Medical Treatment

I do hereby give the college health center personnel permission to order routine tests and treatment for the student named above. I release the College, its staff, and employees from any and all liability arising out of, or connected with 1) the performance of laboratory tests, or 2) the diagnosis based on any laboratory tests. I understand that the college health center is required by state law to report positive results of certain laboratory tests to the public health agencies.

**For minors (under the age of 18)** the parent/guardian signature below gives permission to the physician(s) selected by the College to hospitalize, secure proper medical treatment, and to order injections, anesthesia, and/or surgical procedures for the student named above (in the event that parent/guardian cannot be reached in an emergency).

Student Signature

Date

Parent/Guardian Signature (if student is under 18)

Date



Program: 2019 Transition to College Summer Program – Putney Campus

From: Health Services

Re: Tuberculosis (TB) Screening/Testing (2 pages)

Last name	First name	Middle	(Chosen Name)	Birth Date	Age
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Please Answer the Following Questions:

	YES	NO
• Have you ever had a positive TB skin test?		
• Have you ever had close contact with anyone who was sick with TB?		
• Were you born in one of the countries listed below and arrived in the U.S. within the last 5 years? (If yes, please circle country below.)		
• Have you ever traveled to/in on or more of the countries listed below? (If yes, please circle country/ies below.)		
• Have you ever been vaccinated with BCG?		

\*The significance of travel exposure should be discussed with a health care provider and evaluated.

Afghanistan	Columbia	India	Myanmar	Sri Lanka
Algeria	Comoros	Indonesia	Nepal	Sudan
Angola	Congo	Iraq	Nicaragua	Suriname
Argentina	Cook Islands	Japan	Niger	Swaziland
Armenia	Cote d'Ivoire	Kazakhstan	Nigeria	Syrian Arab Republic
Azerbaijan	Croatia	Kenya	Pakistan	Tajikistan
Bahrain	Democratic People's	Kiribati Kyrgyzstan	Palau	Thailand
Bangladesh	.....Republic of Korea	Lao People's Democratic	Panama	The former Yugoslav
Belarus	Democratic Republic	Republic	Papua New Guinea	.....of Macedonia
Belize	.....of the Congo Djibouti	Latvia	Philippines	Timor-Leste
Benin	Dominican Republic	Lesotho	Poland	Togo
Bhutan	Ecuador	Liberia	Portugal	Tonga
Bolivia (Plurinational	El Salvador	Libyan	Qatar	Trinidad and Tobago
...State of)	Equatorial Guinea	Arab	Republic of Korea	Tunisia
Bosnia and Herzegovina	Eritrea	Jamahirriya	Republic of Moldova	Turkey
Botswana	Estonia	Lithuania	Romania	Turkmenistan
Brazil	Ethiopia	Madagascar	Russian Federation	Tuvalu
Brunei	French Polynesia	Malawi	Rwanda	Uganda
Darussalam	Gabon	Maldives	Saint Vincent & the	Ukraine
Bulgaria	Gambia	Mali	.....Grenadines	United Republic of
Burkina	Georgia	Marshall Islands	Sao Tome and Principe	.....Tanzania
Faso	Ghana	Mauritania	Senegal	Uruguay
Burundi	Guam	Mauritius	Serbia	Uzbekistan
Cambodia	Guatemala	Micronesia ...(Federated	Seychelles	Vanuatu
Cameroon	Guinea	States of)	Sierra Leone	Venezuela (Bolivarian
Cape Verde	Guinea-Bissau	Mongolia	Singapore	.....Republic of)
Central African Republic	Guyana	Montenegro	Solomon Islands	Viet Nam
Chad	Haiti	Morocco	Somalia	Zambia
China	Honduras	Mozambique	South Africa	Zimbabwe

If the answer is YES to any of the above questions, Landmark College requires that a health care provider complete a tuberculosis risk assessment. You will need to come to Health Services for further screening. If the answer to all of the above questions is NO, no further screening is required and page 2 of this form may be omitted.

Signature of Parent/Guardian	Printed Name	Date
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Relationship to Student	Phone #
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Person with any of the following are candidates for Mantoux tuberculin skin test (TST) unless a previous positive test has been documented:

	YES	NO
• Recent close contact with someone with infectious TB disease		
• Foreign-born from (or travel* to/in) high prevalence area (see previous page)		
• Fibrotic changes on a prior chest x-ray suggesting inactive or past TB disease		
• HIV/AIDS		
• Organ transplant recipient		
• Immunosuppressed (equivalent of >15 mg/day of prednisone for >1 month or TNF-a antagonist)		
• Resident, employee, or volunteer in high-risk congregate setting (e.g. correctional facility, nursing home, homeless shelter, hospital & other high risk health care facilities)		
• Medical condition associated with increased risk of progressing to TB disease infected [e.g. diabetes, mellitus, silicosis, head, neck, or lung cancer, hematologic or reticuloendothelial disease such as Hodgkin's disease or leukemia, end state renal disease, intestinal bypass or gastrectomy, chronic malabsorption syndrome, low body weight, (i.e. 10% or more below ideal for the given population)]		

\*The significance of the travel exposure should be discussed with a health care provider and evaluated.

1. Does the student have signs or symptoms of active tuberculosis disease?  YES  NO

*If NO, proceed to question #2. If YES, proceed with additional evaluation to exclude active tuberculosis including tuberculin skin testing, chest x-ray, and sputum evaluation as indicated.*

2. Tuberculin Skin Test (TST) - TST result should be recorded as actual millimeters (mm) or induration, transverse diameter; if no induration, write "0". The TST interpretation should be based on m of induration as well as risk factors.

			<input type="checkbox"/> Positive <input type="checkbox"/> Negative
Date given (mm/dd/yyyy)	Date read (mm/dd/yyyy)	Result (mm of induration)	Interpretation
			<input type="checkbox"/> Positive <input type="checkbox"/> Negative
Date given (mm/dd/yyyy)	Date read (mm/dd/yyyy)	Result (mm of induration)	Interpretation

3. Chest x-ray - Required if TST is positive

		<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal
Date of chest x-ray (mm/dd/yyyy)	Result	

## Interpretation Guidelines

Induration of 5 mm is considered positive in:

- Recent contacts of TB case patients
- Persons with fibrotic changes on chest radiograph consistent with prior TB
- Organ transplant recipients Immunosuppressed (equivalent of >15 mg/day of prednisone for >1 month or TNF-a antagonist)
- Persons with HIV/AIDS

- Mycobactciology laboratory personnel
- History of resident, worker, or volunteer in high-risk congregate settings
- Persons with the following clinical conditions: - silicosis - diabetes mellitus - chronic renal failure - leukemias and lymphomas - carcinoma of the head, neck, or lung - weight loss of 10% of ideal body weight - gastrectomy - intestinal bypass – chronic malabsorption syndromes
- Children 5 years of age Infants, children, and adolescents exposed to adults at high risk for developing active TB

Induration of 10 mm is considered positive in:

- Person born in high prevalence country or who resided in one for a significant amount of time
- History of illicit drug use

Induration of 15 mm is considered positive in:

- Persons with no known risk factors for TB

Health Care Provider Name MD/NP/PAA date (mm/dd/yyyy)

Signature Phone #



Program: 2019 Transition to College Summer Program – Putney Campus

From: Health Services

Re: Immunization History

Last name                      First name                      Middle                      (Chosen Name)                      Birth Date                      Mobile #

## Immunization History

Provide the month and year for each immunization. Immunizations with an asterisk (\*) must include date to meet American Camp Association standards. Copies of immunizations forms from health care providers or state and local government are acceptable; please attach to this form.

Immunization	Dose 1 (mm/yyyy)	Dose 2 (mm/yyyy)	Dose 3 (mm/yyyy)	Dose 4 (mm/yyyy)	Dose 5 (mm/yyyy)	Most recent dose (mm/yyyy)
Diphtheria, tetanus, pertussis (DTaP) or (TdaP)						
Tetanus booster* (dT) or (TdaP)						
Polio (IPV)						
Haemophilus influenza type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox)	<input type="checkbox"/> Had chicken pox Date:					
Meningococcal meningitis (MCV4)						

## Acknowledgement

If you have not been fully immunized, please sign below to acknowledge that **you understand and accept the risks from not being fully immunized.**

Student Name

Date

Signature

## Parent/Guardian Acknowledgement for students under 18

Parent/Guardian Name

Date

Signature



Program: 2019 Transition to College Summer Program – Putney Campus

From: Student Affairs

Re: Consent to Release Educational Information

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Landmark College is interested in student success, while students are here and after they leave to pursue further education. Therefore, the College seeks your permission to obtain information about your academic progress at institutions you attend after Landmark College. Specifically, the College is most interested in your Grade Point Average (GPA) and Academic Standing. Data collected will only be used in de-identified or aggregate form. The College will not reveal your name or other identifying information.

The Family Educational Rights and Privacy Act (FERPA) of 1974 is a federal law that protects the privacy of student education records. GPA and Academic Standing are considered part of the student record and as such, are protected under FERPA. Neither can be disclosed without the student's written consent. The College may also be interested in obtaining information about your enrollment status, major, degrees awarded, and other similar "directory information." Such directory information is usually shared with the public without the student's consent, but it is referred to here in case institutions you attend require consent.

Therefore, by signing this consent to release in the space below, you are granting Landmark College the right to obtain from institutions you attend after Landmark your Grade Point Average (GPA), Academic Standing, and "directory information" as defined in FERPA regulations. The purpose of this disclosure is so that Landmark can collect the information to track the academic progress of its former students and use it in de-identified or aggregate form. This consent to release is effective for a period of five years after your last date of attendance at Landmark College.

Your consent for the release of this information to Landmark College is completely voluntary, and you can revoke your consent at any time by making a request in writing to the Registrar at Landmark College or to the Registrar at the institution(s) that you attend after Landmark College.

.....  
Student Name

.....  
Date

.....  
Signature



Program: 2019 Transition to College Summer Program – Putney Campus

From: Office Student Accounts

Re: Campus Card Account Application (Optional)

Last name	First name	Middle	(Chosen Name)	Email
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## Landmark College Campus Card Account

The Campus Card Account (part of the student ID card) is a convenient way for students to purchase essentials such as school supplies, snacks, and personal items on campus.

The Landmark College Card Account can be used at the following locations:

- College Bookstore (books, snacks, clothing, hygiene items, room decorations and more)
- The Fireside Café
- Retail purchases in the Dining Hall (in addition to the regular meal plan)
- Campus vending machines

More funds can be added to the Campus Card Account balance at any time by using Quikpay online (<http://quikpay.landmark.edu>)

IMPORTANT: The Campus Card Account can only be used for purchases at on-campus and participating off-campus locations. It cannot be used in ATMs or laundry machines and students cannot use it to obtain cash advances.

Recommended starting balance: \$100 - \$200 to cover the cost of personal items, supplies and incidental purchases throughout the program.

## Add Funds to a Campus Card Account - Pay by Check

Complete the information below and return this form with a check (write "Campus Card" in memo field) to:

**Landmark College**  
**Attn: W. Toney**  
**19 River Rd South**  
**Putney, VT 05346**

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

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

## Add Funds to a Campus Card Account - Pay by Credit Card or e-check

To add funds as a Guest Payer, you will need the student's date of birth and student ID number (on student's acceptance letter). Go to <http://quikpay.landmark.edu> and follow the links for guest payer. If you add funds by credit card or e-check you don't need to return this form

## Unused Balance - End of Program

Remaining Campus Card Account balances of \$3 or more will be refunded after the end of the program. Students are responsible for all charges made to the Campus Card Account.



Program: 2019 Transition to College Summer Program – Putney Campus

From: Student Affairs

Re: Authorization to Release Student Account & Educational Records

Last name, First name (Chosen Name)

Date of Birth

### Disclosure to Parents/Guardians of Students Claimed as Dependents

As allowed by federal regulations (the Family Educational Rights & Privacy Act - FERPA), Landmark College releases information contained in a student's educational record to a student's parents/guardians (both custodial and non-custodial) if the student is claimed as a dependent on the parent/guardian's Federal Income Tax Return.

#### Please Check One

- The student named above is claimed as a dependent on their parent(s) or guardian(s) income tax return, and as a result those listed below will have access to the student's educational record.
- The student named above is not claimed as a dependent on their parent(s) or guardian(s) income tax return, but agrees to allow those listed below to access their educational record.

Parent/Guardian Name:	Parent/Guardian Name:
Relationship:	Relationship:
Street:	Street:
City:	City:
State: Zip Code:	State: Zip Code:
Telephone:	Telephone:
Email:	Email:

### Optional Disclosure to Other Individuals

In addition a student may elect to have the information contained in their educational record shared with persons of their choice (for example: parents who don't claim the student as a dependant, grandparents, tuition contributors, etc.).

By completing this section, you authorize the following person(s) to have access to your educational record by phone/email contact with the College, to receive all mailings, including grades and other correspondence related to your performance at Landmark College. You understand that you have the right not to consent to the release of your education records, and that this consent shall remain in effect unless revoked by you in writing and delivered to Landmark College, but that any such revocation shall not affect disclosures previously made by Landmark prior to the receipt of any such written revocation.

Name:	Name:
Relationship:	Relationship:
Street:	Street:
City:	City:
State: Zip Code:	State: Zip Code:
Telephone:	Telephone:
Email:	Email:

**By signing below, the student represents that they have read this FERPA Release and agrees to be bound by it and agrees that the individuals listed above may have access to their educational record as indicated.**

Student Name

Date

Signature