



### First-Generation Information

Does your natural or adoptive mother have a Bachelor's Degree?

Yes    No    Not Sure

Does your natural or adoptive father have a Bachelor's Degree?

Yes    No    Not Sure

If you did **not** reside with or receive support from a natural or adoptive parent, were you a:

Foster Youth    Orphan    Ward of the Court    Emancipated Minor    Homeless Youth    Other: Please specify:

### Disability Information

Please answer Yes or No to the following questions:

Do you have a diagnosed physical or mental impairment that substantially limits your ability to participate in educational experiences and opportunities offered by SHSU?

Yes    No

If yes, are you registered with Disability Services Office on campus

Yes    No

### Education Information

Fall 2018 I will be  
(Classification):

Freshman

Sophomore

Junior

Senior

Are you a Transfer Student:    Yes    No

Current Major: \_\_\_\_\_ Current Minor: \_\_\_\_\_

Estimated Graduation Date: \_\_\_\_\_

Did you graduate High School:    Yes    No

Year Graduated: \_\_\_\_\_ High School: \_\_\_\_\_

Did you receive G.E.D.    Yes    No   Year Awarded: \_\_\_\_\_



## Consent to Release and Services Contract

I understand that The STEM Center needs access to my personal and academic information in order to provide the best possible support for me at Sam Houston State University. Therefore, I agree to release such information to the STEM Center staff members for as long as they are required by federal regulations to track and report my academic progress to the U.S. Department of Education. I further understand that all released material will remain confidential. Academic information and disability verification, however, will be shared with faculty, university departments, the coordinator for services to students with disabilities, and appropriate representatives of the U.S. Department of Education only as necessary.

I hereby give the STEM Center program permission to obtain information regarding my academic status, including progress reports from course instructors. I grant permission for the STEM Center to access my academic information for the purpose of evaluating my application. If I identify a disability, I grant permission to release necessary information to STEM Center staff for the purpose of verifying eligibility.

I agree to allow my name and/or picture to be printed in any STEM Center newsletter, publication, or display in recognition of academic success, leadership, or graduation.

I agree that data received from participation in surveys, evaluations, seminars, and financial literacy modules may be used for evaluative and research purposes for STEM Center and collaborating SHSU Departments.

I agree to meet the following criteria for as the time that I will be with the STEM Center:

- I agree to maintain contact with STEM Center staff throughout the year.
- I agree to utilize all of the services that the STEM Center offers to me.
- I agree to keep STEM Center informed about any changes in my name, address, phone number, email address, and any other important information.

I understand and agree to each of the above responsibilities and privileges.

By my signature, I certify that I have read and understood the information on this page and that I am capable of giving such consent and do so voluntarily.

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Student Name

Sam ID Number

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Student Signature

Date

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Parent Signature (**Required if student is under 18 years of age**)    Date