

Health Career Opportunity Program (HCOP) Catalyst High School

Admission Application Form

Student Name: _____

MWCC Student ID: _____



Priority Application Deadline: March 29, 2021

(After deadline acceptance on a rolling basis if seats available)

Application for Entrance
Fall 2021

Overview

The purpose of MWCC's grant-funded Health Career Opportunity Program (HCOP) is to build an allied health pipeline for selected students from Athol, Fitchburg and Gardner High Schools. Enrollment in HCOP offers students an introduction to allied/behavioral health career fields, exposure to coursework in health fields, medical terminology, cultural competence and professional behaviors needed for a future healthcare career. It also includes coursework that will introduce effective study habits, research skills, and test taking strategies. Additionally, this unique year-long experience offers the high school student that is eligible for college-level coursework the opportunity to take dual enrollment courses that transfer to most two-year and four-year public and some private institutions while completing their high school graduation requirements. Upon successful completion of the HCOP section of HEA106 Exploring Health Careers: Charting a Plan for Success while in high school and enrollment at MWCC in an HCOP supported major upon high school graduation, students may be awarded up to \$1,500 in scholarship funds.

Admission to the program is based on the student's educational and/or economic need, therefore only fully completed applications will be considered. Students participating in dual enrollment programs are considered MWCC students and as such will be awarded the same academic support privileges as other MWCC students. Please contact the HCOP Director if you have any questions at 978-630-9307.

REQUIREMENTS - ALL APPLICANTS

- Applicants must be 11th/12th graders from:
 - Athol High School
 - Fitchburg High School
 - Gardner High School
- Applicants must attach unofficial high school transcript.

HCOP participants:

- Must complete the HCOP pre-program survey and sign a student syllabus agreement during the program orientation.
- Need to be aware that not all students in the program will be completing dual enrollment courses if they do not meet college placement requirements set by MWCC.

FOR HCOP STAFF USE ONLY

Term Starting	Cohort code: <input type="checkbox"/> 2020/21 <input type="checkbox"/> 2021/22 <input type="checkbox"/> 2022/23 <input type="checkbox"/> 2023/24
Received Application on:	
HCOP Academic Counselor Signature:	Date:



Office of Admissions | 444 Green St., Gardner, MA 01440
P: 978-630-9110 | F: 978-630-9554 | admissions@mwcc.edu

AP004-09 Rev:Oct20
AA/EEO Institution

HCOP CATALYST HIGH SCHOOL DUAL ENROLLMENT PROGRAM INFORMATION AND POLICIES

READINESS FOR DUAL ENROLLMENT COLLEGE LEVEL COURSES

Mount Wachusett Community College requires students to demonstrate college readiness before beginning credit level courses. In the past, students could demonstrate their readiness via an Accuplacer placement test. At this time, and for the foreseeable future, the college is utilizing multiple measures to evaluate each student. These measures include evaluation of the student's high school transcript, including GPA, grades in English and Math, as well as any AP exam results. Additionally, any previously completed college-level English or Math courses are taken into consideration. The minimum criteria for these measures can be provided to the student and/or parents upon their request.

ACCOMMODATIONS

At MWCC, students with a documented disability are entitled to equal access and opportunities for academic success. If a student has an intellectual, emotional or physical condition that significantly impacts his/her learning experience and wishes to request accommodations, the student is responsible for contacting Amy LaBarge, Coordinator of Disability Services, Room 142 at the Gardner Campus 978-630-9330. The Coordinator of Disability Services will discuss reasonable accommodations with the student that may include the use of assistive technology, electronic textbooks, audio recording of lectures, note taking, priority seating, extended time for testing, and/or a low distraction setting for testing. MWCC is committed to complying with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973. Any information disclosed remains confidential.

HCOP & DUAL ENROLLMENT

Based on the results of the multiple measures assessment, students will be placed into the appropriate level of dual enrollment coursework through MWCC. HCOP applicants that do not meet the multiple measures minimum standards set by MWCC will not be eligible for dual enrollment courses, however, may be eligible for other elements of the Health Career Opportunity Program. In addition to the general education dual enrollment courses financially supported by the program, HCOP requires students to take the HCOP section of a 4-credit course, HEA106 Exploring Health Careers: Charting a Plan for Success, in the fall term of their HS senior year which is instructed by HCOP academic counselors.

PROGRAM COSTS

Students participating in HCOP will have tuition and fees of HCOP-sponsored courses paid for with our grant funds. This includes costs for books, field trips and some transportation. Current high school students are ineligible to receive any federal financial aid.

PROGRAM ACCEPTANCE

Students who meet the educational and/or economic requirements and demonstrate motivation/potential to seek an allied health degree will be considered for acceptance to the program. Due to the selective and competitive nature of the Health Career Opportunity Program, not all applicants who apply to the program will be selected to participate. For that reason, fully completing the HCOP application is imperative. After the deadline expires, completed applications will be reviewed. In the event there are more students than available seats in the program, HCOP staff will select students based on assignment of points related to admission criteria from the HCOP application and interview questionnaire. If seats remain available after the review of initial applications, any applications received will be reviewed on a rolling basis.

ADVISEMENT, REGISTRATION & PARTICIPATION

HCOP students will meet with their HCOP Academic Counselors on a regular basis. The Academic Counselors will assist students in developing individualized success plans to address their academic/personal goals. Additionally, the Academic Counselor will register the student for their individual dual enrollment classes. Any student who does not successfully complete courses enrolled within a given semester may be subject to re-evaluation or dismissal. Each student's enrollment status and course load for future semesters will be evaluated based on his/her most recent semester. Students must comply with all MWCC student policies as outlined in the MWCC Student Catalog including add/drop and withdrawal deadlines and accompanying procedures.

SCHOLARSHIP/STIPEND AWARD

HCOP participants must complete HEA 106 Exploring Health Careers: Charting a Plan for Success with a minimum of a C(+) (MWCC grading scale) to be eligible to receive scholarship funds. Graduating seniors can earn up to \$1500 scholarship funds which will be awarded upon matriculation to MWCC in a non-nursing health profession major or transfer degree that leads to a health career. Additional scholarship money may be available to students in subsequent semesters at MWCC as long as they continue in a health profession major and hold a minimum of 2.7 cumulative GPA in the previous semester.

WITHDRAWAL

Withdrawal from Courses: The student must be aware of the implications of any withdrawal, as it may affect progress toward degree. Please see the MWCC College Catalog & Student Handbook for details about withdrawal from courses.

Withdrawal from HCOP: Students deciding to withdraw from HCOP or selecting a major that is not included within the North Central Health Career Opportunity Program (NA-HCOP) are required to complete the HCOP withdrawal document and submit it to HCOP staff. Students who officially withdraw from HCOP will not be eligible for any further financial or academic support from the program.

ACADEMIC CREDIT & TRANSCRIPTS

After successful completion of a semester, students will earn college credits towards an associate degree from MWCC which may be transferable to most two and four-year public as well as some private institutions. In addition, students will receive credit from their high school to meet graduation requirements. HCOP will provide official student academic transcripts to the high school at the conclusion of each term. Unofficial copies of transcripts are available to students through their MWCC iConnect accounts.

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APPLICANT INTERVIEW QUESTIONNAIRE (REQUIRED)

Please answer the following questions thoroughly; providing evidence of your motivation and potential to seek an allied health degree

What do you know about the Health Career Opportunity Program?

What makes the Health Career Opportunity Program the right program for you?

What will motivate you to complete this program?

Talk about your current long-term goals. What is the highest level of education you hope to achieve?

Have you experienced obstacles in the way of your educational success? If so, please explain.

What kinds of support have you found helpful?

Is there anything else about you that we have not already discussed that you would like to share in support of your application?

CURRENT EDUCATION INFORMATION (To Be Completed by High School Counselor)

Student's Current GPA (on a 4.0 scale) _____ SASID (State Assigned School ID - REQUIRED) _____

Intended Graduation Date: _____
Month Year

Does this student qualify for free or reduced lunch? Yes No

Has this student ever been suspended? Yes No

Does this student currently receive accommodations through an IEP or 504? Yes No

Guidance Counselor Comments: _____

Guidance Counselor Name (Print): _____

Title: _____ Phone #: _____

Fax #: _____ Email Address: _____

Guidance Counselor Signature - Required

Date

REQUIRED: PLEASE ATTACH AN UNOFFICIAL HIGH SCHOOL TRANSCRIPT TO THIS APPLICATION

STUDENT CODE OF RESPONSIBILITY AND EXPECTATIONS (REQUIRED)

1. I will make every effort to attend school every day.
2. I know I am expected to meet with their Academic Counselor on a regular basis. I know that my Academic Counselor has made a commitment to work with me and assist me in being successful while in school and in my future; therefore, I will work to the best of my ability.
3. I know I am expected to attend any and all workshops, and to fully participate in the program. If I am unable to attend class or a special event, I will let my Academic Counselor know ahead of time. I know that there are very few valid reasons for missing class. Maturity means taking responsibility for my own actions, choices, and behaviors. If I have a question or do not understand my responsibilities in the program, I know I can always speak with my Academic Counselor.
4. I must be on time to every class and for all special events. As in the workplace, I must be prepared and ready to work at the start of class. There are no good reasons for being tardy to class. In addition, I understand that some events are mandatory and I will plan ahead to participate in those events.
5. I know I am expected to demonstrate model behavior in and out of school, including while on any and all educational/cultural field trips. This means respect for myself and for others. I will listen when others are speaking. I will follow through on what I commit to do. I will clearly communicate with my peers and my Academic Counselor.
6. I know I am expected to take advantage of every possible opportunity that is put in front of me in order to make my time in HCOP as memorable as possible. Attitude is everything! While I may have bad days from time to time, I understand that when I enter the classroom, my bad attitude will be left outside. If I do have a problem or concern, I know that I can speak to my Academic Counselor in private.
7. I know I am expected to share academic information with staff in order to assist in planning and tracking. I give HCOP staff permission to access information relating to my academic progress.
8. I know I am expected to have fun and do my best!

I have read the above rules and promise to uphold them and to be a good representative of my school and the Health Career Opportunity Program. I understand that any serious breach of behavior may result in dismissal from the program. If accepted to HCOP and MWCC, I agree to accept the regulations and requirements of the college and will cooperate with students, faculty, and administration in the maintenance of high standards and appropriate conduct. I also understand that my academic records will be released to my high school for inclusion in my school records. I CERTIFY THAT ALL INFORMATION STATED ON THIS APPLICATION IS ACCURATE AND COMPLETE. Concealment of facts or false statements may result in dismissal.

STUDENT/APPLICANT SIGNATURE: _____ DATE: _____

For questions or concerns, please contact: Lisa Stejskal, Director of the Health Career Opportunity Program, lstejskal@mwcc.mass.edu or 978-630-9307

PARENT CONSENT AND LIABILITY RELEASE SIGNATURES (REQUIRED)

I, give my son/daughter/ward, permission to participate in the Health Career Opportunity Program and if accepted, enroll in MWCC dual enrollment courses. I understand that Mount Wachusett Community College can provide no greater security for high school students than for any other student. I also understand that my student's academic records will be released to his/her high school for inclusion in his/her school records.

I absolve Mount Wachusett Community College, the Health Career Opportunity Program, their personnel and the Athol, Fitchburg or Gardner School Systems of any liabilities and claims arising from my child's participation and attendance in MWCC Health Career Opportunity Program, including travel to and from such events and activities.

If my child decides to stop participating after the program begins, he or she may do so. In that event, my child will not be eligible to receive any further financial or academic support from the Health Career Opportunity Program.

I give permission for the Health Career Opportunity Program to obtain the academic records/information for the student on this application throughout his/her high school career and for six years following his/her graduation to allow for annual tracking of participant's education as is required by the U.S. Department of Health Resources and Services Administration (HRSA) to evaluate the Health Career Opportunity Program. I understand that this information will be held in compliance with FERPA and other applicable state laws and will only be accessible to appropriate program staff and HRSA personnel.

I consent to and authorized emergency and non-emergency medical care to be provided to my child in the unlikely event of a health problem, emergency or injury occurring during my child's attendance in the Health Career Opportunity Program. I give my consent and authorization to appropriate Health Career Opportunity Program staff to use their judgment in seeking medical care for my son or daughter. I understand that an attempt will be made to contact me in the event that emergency medical care is needed.

I further give permission for the Health Career Opportunity Program to use pictures, videotapes or audio recordings of the student on this application for all program related purposes, including for publication in newspapers and other media. If I do not wish for the Health Career Opportunity Program to use pictures, video tapes or audio recordings of the student on this application, I will submit written notification to the program and attach to this application. This consent will remain in effect until its written revocation is received by the Health Career Opportunity Program at MWCC, 444 Green Street, Gardner, MA 01440.

I understand and consent to the information provided on this completed form being used to contact me by (check all that apply):

automated telephone text messaging for matters related to my enrollment at Mount Wachusett Community College.

I CERTIFY THAT ALL INFORMATION STATED ON THIS APPLICATION IS ACCURATE AND COMPLETE. Concealment of facts or false statements may result in student dismissal. Additionally, if false statements affect a student's HCOP eligibility, I may be responsible for reimbursement of HCOP programming funds related to my student. My signature confirms that I have read, understand and agree to the following program information and policies:

- ✓ College Placement Testing
- ✓ Accommodations
- ✓ HCOP & Dual Enrollment
- ✓ Program Costs
- ✓ Program Acceptance
- ✓ Advisement, Registration & Participation
- ✓ Scholarship Award
- ✓ Withdrawal
- ✓ Academic Credit & Transcripts

Parent or Guardian Signature
(Required if applicant is under the age of 18 at time of application)

Date

Student Signature

Date

Parent/Guardian Cell Phone: _____

For questions or concerns, please contact: Lisa Stejskal, Director of the Health Career Opportunity Program at 978-630-9307 or email her at lstejskal@mwcc.mass.edu





Gardner High School

Paula Bolger, *Principal*
Sherry Gelinas, *Assistant Principal*
Scott Connery, *Assistant Principal*



Gardner Public Scho

www.gardnerk12.org

200 Catherine Street, Gardner, MA 01440

P: (978) 632-1600

F: (978) 630-404

GHS EARLY COLLEGE PROGRAM PARENT/STUDENT CONTRACT

Success in the GHS Early College Program is dependent upon academic readiness, social maturity and motivation. Students who participate in the program are subject to the same regulations as other MWCC students as well as the GHS rules listed below. This contract constitutes both parent and student's agreement to the terms of the GHS Early College Program:

- 1) Students in the program are required to fulfill all GHS graduation requirements. GHS counselors will assist with making sure all students and parents are aware of the classes needed for graduation.
- 2) GHS will provide transportation from the high school to MWCC at 7:10 a.m. and then back from MWCC at 11:00 or 11:30 a.m. (These times may vary slightly.) Students may also drive themselves directly to MWCC or receive rides from family or friends. Transportation will not be provided on days when GHS is not in session (ie. GHS school vacation days, snow days, school delays, teacher professional development days, etc.) and it is the student's responsibility to secure transportation to the college on those days.
- 3) All books for the program will be loaned free of charge and must be returned at the end of the course. Students are required to sign a book loan agreement indicating that they are responsible for returning books in good condition.
- 4) Students will have access to GHS breakfast and lunch and are eligible for free/reduced lunch as usual.
- 5) Students will have full access to all GHS activities after school and as their schedule permits including athletics, clubs, etc.
- 6) Students will have full access to their GHS counselors as usual during school hours for assistance with scheduling, college advising and any other needed supports. Please note that neither GHS counselors or parents will have access to student's MWCC grades during the semester. The only way to access grades is with the student's permission through the MWCC iConnect portal. Periodic academic updates may be made available to the students by college professors during the semester, but are not required to be completed.
- 7) If students are absent from school for any reason and will not be attending their college and/or high school classes, parents must notify the high school's attendance line as usual. Students must adhere to the MWCC attendance policy, and it is the student's responsibility to communicate with their professor and MWCC advisor if they cannot attend class for a valid reason.

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- 8) If students are also taking classes at GHS, they must attend those classes per the GHS schedule. The GHS and MWCC schedules do not perfectly align. These classes will be in addition to the MWCC classes. Not all GHS classes are guaranteed to run at times that fit outside the MWCC schedule. Students should consult with their guidance counselor for a list of offered classes.
- 9) All students are expected to attend all MWCC classes as scheduled. Those classes will run according to the MWCC academic calendar, not the GHS school calendar. Attendance is mandatory. Students who fail to attend classes will be removed from the program. A link to the MWCC Academic Calendar can be accessed through the MWCC website under 'Academics'.
- 10) Although we do our best to monitor student attendance, daily and class attendance is not reported to the high school or to parents by MWCC professors. It is the expectation that students have the maturity and discipline to be in their classes as scheduled every day.
- 11) Students who enroll in the Early College Program are expected to stay enrolled in all the scheduled classes each semester. For extenuating circumstances a meeting may be arranged with the student, high school principal, high school guidance counselor, a parent, and a representative from MWCC to discuss the possibility of withdrawal.
- 12) Your grades from the MWCC classes will go on both your high school transcript and also your MWCC transcript. If you plan to remain at MWCC after graduation or transfer to another college, these grades will be on your official college transcript, therefore a poor or failing grade will be on your college transcript forever. Typically, a grade of 'C' or better is considered for transfer, however, it is important to verify an individual institution's transfer credit policies.
- 13) College assignment deadlines are firm. Rarely will you be given any extra time for assignments. If you are absent, you should still expect to turn in any work which is due that day. Professors do not typically give extensions for absences, and may not accept work or may only give minimal credit for work which is turned in late.
- 14) Students will participate in lectures and laboratories at a college level. As such, some classes may contain information or dialogue of a sensitive nature, but appropriate to institutions of higher education. Specific examples may include, but are not limited to: biological structures and functions, reproduction processes, racial injustice, and the condition of being human. Inquiries from parents/guardians about content or course material should be directed to the Director of Early College & Dual Enrollment at MWCC, and not to individual faculty members.
- 15) Students should plan to complete two to three hours of homework daily in addition to their scheduled classes.
- 16) Transferring back to GHS during the year will be difficult as the MWCC classes will not easily align with GHS classes. This could put the student at risk of losing credits and/or not graduating with their class as scheduled. You should consult your guidance counselor and MWCC advisor if you are considering transferring back to GHS mid-year.
- 17) All students will be required to attend a weekly College Success Strategies class which provides support/tutoring for the MWCC classes. This class will appear on your schedule, and you are expected to attend it just like any other MWCC class. Students whose grades fall below a 2.5, or at the recommendation of a professor, may be required to access additional support services.
- 18) All students are required to provide verification of medical insurance to the college, or they must purchase the college medical insurance at a cost to the student. You are responsible for completing the online insurance waiver within the first weeks of the program. If you do not

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complete the waiver on time, the college will automatically process the school's insurance for you. You will be charged for this and your current insurance will be cancelled.

- 19) Students are required to provide copies of their immunization records. The high school can assist with this process, but ultimately it is the student's responsibility to provide these records to MWCC. A HIPAA form must be signed by the student (if 18 years old) or a parent/guardian.
- 20) It is GHS policy that students whose GPA falls to between a 2.0 and a 2.5 will be placed on academic probation for one semester. If your GPA does not improve to above a 2.5 the next semester, you will be removed from the program. Any student whose GPA falls below a 2.0 will automatically be removed from the program. Seniors may be removed after the first semester if their GPA is below a 2.5. Removal, instead of probation, is to help prevent students from not fulfilling high school graduation requirements and to prevent issues with future college acceptance and financial aid eligibility.
- 21) Seniors will be responsible for participation in a Senior Capstone Project, which will involve research into a career interest area. This will involve work outside of scheduled classes. Seniors will receive support from GHS staff while completing this project. More details on this will be presented by GHS staff during the weekly College Success Strategies class at MWCC.
- 22) Students whose GPA falls below a 2.0 may not be eligible for financial aid for the subsequent semester. This means that if you are a senior who plans to continue with college, you may not be eligible for financial aid, regardless of what college you plan to attend. Furthermore, a GPA below a 2.0 may prohibit your MWCC classes from being accepted at other colleges or may prohibit you from continuing at MWCC after your high school graduation.
- 23) Students who exhibit any inappropriate or disruptive behavior in any class or on the college campus will be removed from the program. Appropriate, mature behaviors are expected at all times while on the campus.
- 24) Students are expected to exhibit and model academic integrity and are reminded academic dishonesty including plagiarism and cheating in any form are subject to removal from the program. Additional disciplinary actions will be determined by MWCC and GHS.
- 25) The GHS Principal has full discretion to remove students from the program based on academic, behavior or attendance concerns.

By signing below, you agree to the aforementioned terms of the GHS Dual Enrollment Program:

Students Signature: _____ Date: _____

Parent Signature: _____ Date: _____

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444 Green Street, Gardner, MA 01440-1000

STUDENT RECORD INFORMATION WAIVER

Student Name: _____
Last First Middle

ID#: _____

IN ACCORDANCE WITH THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT (FERPA)

I authorize the release of the following student records that are protected under the Family Education Rights and Privacy Act (FERPA), 20 U.S.C. 1232g, 1974, and all related amendments, for the time period indicated, to the individual(s) listed below:

- Item(s) to be released:
- 1. Copy of my grade report and or academic transcript
 - 2. Copy of my class schedule
 - 3. Copy of my student bill/invoice and payment plan information
 - 4. Copy of my financial aid award information
 - 5. Other (please specify) VERBAL PROGRESS REPORTS

Release information to:

Name: GARDNER HIGH SCHOOL Relationship to student: PARTNER SCHOOL

Address: 200 CATHERINE ST. GARDNER MA 01440
Street City State Zip

Phone Numbers: Day 978-632-1600 Evening _____

Name: _____ Relationship to student: _____

Address: _____
Street City State Zip

Phone Numbers: Day _____ Evening _____

_____ I authorize the release of the above information for only the _____ semester.

I authorize the release of the above information for every term of enrollment at MWCC for a one year period effective the date this authorization is signed.

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY: All releases of records authorized by this waiver are tracked in student record on SPACMNT.

Expiration Date: _____

Student Name: _____

ID#: _____

Name: _____ Relationship to student: _____

Address: _____
Street City State Zip

Phone Numbers: Day: _____ Evening: _____

Name: _____ Relationship to student: _____

Address: _____
Street City State Zip

Phone Numbers: Day: _____ Evening: _____

Name: _____ Relationship to student: _____

Address: _____
Street City State Zip

Phone Numbers: Day: _____ Evening: _____

Name: _____ Relationship to student: _____

Address: _____
Street City State Zip

Phone Numbers: Day: _____ Evening: _____

Name: _____ Relationship to student: _____

Address: _____
Street City State Zip

Phone Numbers: Day: _____ Evening: _____

Massachusetts Department of Public Health
Authorization for Release of Information
Permission to Share Information

If you want the GARDNER HIGH SCHOOL to share information about you with another person or organization, please make sure that you fill out all of the sections below (Sections I-VI). This will tell us what information you want us to share and who to share it with. If you leave any sections blank, with the exception of Section II (B), your permission will not be valid, and we will not be able to share your information with the person(s) or organization you listed on this form.

SECTION I

I, _____, give my permission for GARDNER HIGH SCHOOL
(print your name) (Fill in name of person or organization)
to share the information about me that I list in Section II with the person(s) or organization that I list in Section V.

SECTION II

A. Health and Personal Information

Please describe the information you want the GARDNER HIGH SCHOOL share about you.
(Fill in name of person or organization)

Please include any dates and details you want to share.

VACCINATION RECORDS

B. Permission about Specific Health Information. Only if you choose to share any of the following information, please write your initials on the line:

____ I specifically give permission, as required by M.G.L. c. 111, § 70F, to share information in my record about HIV antibody and antigen testing, and HIV/AIDS diagnosis or HIV/AIDS treatment.

____ I specifically give permission, as required by M.G.L. c. 111, § 70G, to share information in my record about my genetic information.

____ I specifically give permission to share information in my record about alcohol or drug treatment. If this information is shared, I understand that a specific notice required by 42 CFR, Part 2 shall be included prohibiting the redisclosure of this confidential information.

SECTION III – Reason for Sharing this Information

Please describe the reason(s) for sharing this information. If you do not want to list reasons, you may simply write: "at my request," if you are initiating the request.

ENROLLMENT IN EARLY COLLEGE ACADEMY

SECTION IV – Who May Share This Information

I give permission to the person or organization listed below to share the information I listed in Section II:

GARDNER HIGH SCHOOL
Name

Organization
200 CATHERINE ST. GARDNER, MA.

Address

Massachusetts Department of Public Health
Authorization for Release of Information

SECTION V – Who May Receive My Information

The person or organization listed in Section IV may share the information I listed in Section II with this person(s) or organization:

MOUNT WACHUSETT COMMUNITY COLLEGE
Name

Organization

444 GREEN ST. GARLOW, MA.
Address

I understand that the person(s) or organization listed in this section may not be covered by federal or state privacy laws, and that they may be able to further share the information that is given to them.

SECTION VI – How Long This Permission Lasts

This permission to share my information is good until JUNE 1, 2021
Indicate date or event

If I do not list a date or event, this permission will last for one year from the date it is signed.

- I understand that I can change my mind and cancel this permission at any time. To do this, I need to write a letter to GARLOW HIGH SCHOOL and send it or bring it to the place where I am now giving
(Fill in name of person or organization)
this permission (or fill in specific location) If the information has already been given out by, I understand that it is too late for me to change my mind and cancel the permission.
- I understand that I do not have to give permission to share my information with the person(s) or organization I listed in Section V.
- I understand that if I choose not to give this permission or if I cancel my permission, I will still be able to receive any treatment or benefits that I am entitled to, as long as this information is not needed to determine if I am eligible for services or to pay for the services that I receive.

SECTION V – Signature

Please sign and date this form, and print your name.

Your Signature Date

Print Your Name

If this form is being filled out by someone who has the legal authority to act for you (such as the parent of a minor child, a court appointed guardian or executor, a custodial parent, or a health care agent), please:

Print the name of the person filling out this form: _____

Signature of the person filling out this form: _____

Describe how this person has legal authority for this individual: _____

