

Student Name:		Date:
UE ID:	UE Email:	Cell Phone:
Class Standing: Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/>		
		GPA:
Advisor:	Major/Program:	
Coach Preference:		
Is this a referral made by faculty or staff? Yes <input type="checkbox"/> No <input type="checkbox"/>		
_____		_____
<small>Faculty/Staff Printed Name</small>		<small>Faculty/Staff Signature</small>

Why Would You Like An Academic Coach?

- Help with time management so I can get everything done.
 - Accountability to keep myself on track.
 - New study techniques and habits.
 - All of the above.
- Other: _____

What Would You Like To Improve?

- Stress Levels
 - Writing
 - Time Management
 - Organization
 - Study Skills
- Grades (Specific Subject) _____
- _____
- _____

What Are Your Strengths?

I affirm that I have read the Code of Responsibility for Security and Confidentiality of Data that was signed by my Academic Coach.

I give permission for my Academic Coach to have access to: Grades Correspondence Athletic Coaches Other

Student Signature

Date

Return to:	Academic Services (812)488-2600 116 Olmsted Hall AcademicServices@Evansville.edu
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CODE OF RESPONSIBILITY FOR SECURITY AND CONFIDENTIALITY OF DATA

Federal law, (the Family Educational Rights and Privacy Act of 1974, as amended; Section 504 of the Rehabilitation Act of 1973, as amended) is in effect to insure the security and confidentiality of information used in our operations. Security and confidentiality are matters of concern for all employees within Academic Services and to any other persons who have access to our data systems, files, and physical facilities.

All persons working in the Academic Services office hold a position of trust relative to this information and must recognize the responsibilities entrusted to them to preserve the security and confidentiality of this information. Therefore, each employee of this department, and any other person given authorized access to any information through the facilities of this department is:

1. Not to make or permit unauthorized use of any information.
2. Not to exhibit or divulge the contents of any record or report to any person except in the conduct of their work assignment in accordance with University and office policies.
3. Not to remove or copy any official record, or report from the office where it is kept, except in the performance of their duties.
4. Not to aid another person in any action which would violate this code.
5. Not to seek personal benefit or to permit others to benefit personally by any confidential information which has come to them by virtue of their work assignment in accordance with University and office policies.
6. To report immediately any violation of this code to your supervisor.

A violation of this policy may lead to reprimand, suspension, dismissal or other disciplinary action.

I, _____, affirm that I have read the Code of Responsibility for Security and Confidentiality of Data. I understand the obligations imposed by the Code and will comply with the standards and requirements contained therein.

Signature

Date