



Dear Mariner Students and Families,

Welcome to August! Before you know it, the new Mariners will be arriving on campus, geared up and ready to start this new and exciting chapter of their lives!

I wanted to follow up on the welcome address from this year's Beach Bash, in which we talked about the importance of supporting students holistically here at Mitchell College. To help students navigate their experience, we believe that this support involves a coordination of services, which oftentimes involves people both on and off campus.

In an effort to build independence, both academically and personally, it is important to have discussions regarding a student's support system, and the people involved. This letter will discuss, more in depth, how Mitchell College approaches a student's "Success Network". Our philosophy focuses around:

- Trying to build students' independence;
- Trying to look at the students' experience across the College as a whole, to get as full a picture as possible;
- Identifying any barriers to success, or need for extra challenge, as soon as possible.

At times when students need additional support, we may need access to a larger network of people —family, outside counselors, health providers and others — who have been a part of a student's life network, and who have a lot to offer us regarding addressing the student as a whole. But, as you may know, laws such as the Family Education Rights and Privacy Act (FERPA) and the Healthcare Insurance Portability and Accountability Act (HIPAA), prohibit us from sharing or receiving information without the student's written consent. There are times when members of a student's support network will want to discuss these grades with advisors, but without a consent form signed by the student, advisors cannot have these conversations.

Similarly, on the student life side of the house, for judicial cases that do not involve alcohol or drugs, the College can only share information if a student has signed a release giving the College permission to share protected information. If a student has not signed a release, then the College is not able to discuss disciplinary situations with the student's family, even where that would be very helpful.

In both above-mentioned situations, it is our hope that the student will take the lead to discuss these matters with their families and other members of their support system. We encourage families to think about their students' success network and the various people involved. FERPA and HIPAA limit our ability to share information with others (and limit third parties' ability to share information with us) without a signed consent form from the student, so it is important to begin the discussion now regarding the extent to which the appropriate parties can be engaged in conversation. To enable us to provide the strongest support possible, we recommend that students consider signing the attached authorization form, consenting to the release of protected information to individuals within their network.

For any further questions regarding FERPA and/or HIPAA, or the authorization form, Academic Advising and Student Affairs are both available.

Best regards,

Christina (Hodge) Chappelle
Director of Advising
Email: chappelle_c@mitchell.edu
Phone: 860-701-5024

Curtis Clark
Director of Student Affairs
Email: clark_c@mitchell.edu
Phone: 860-701-7708



Student Information Release Authorization

Our goals at Mitchell College include supporting students in making a smooth transition from more structured environments, like high school, to independence; developing an understanding of their strengths and interests; and developing seven core abilities, including the ability to seek support and challenge, as needed. To achieve these goals, we generally work directly with students; however, often we find that students benefit from having a network of support that includes family members, outside counselors or health providers with whom we can work collaboratively.

As you probably know, the federal Family Educational Rights and Privacy Act of 1974 (FERPA) and other federal and state laws restrict the College from providing certain information from your student records, such as information on grades, billing, tuition and fees, financial aid and medical/emotional health records (“Protected Information”) to third parties. In addition, subject to certain exceptions, state law prohibits the College’s counselors from sharing your information with anyone, inside or outside of the College, without your specific written consent.

You may, at your discretion, grant the College and third parties in your “support network,” such as outside counselors and physicians, permission to share Protected Information by submitting this Student Information Release Authorization. This release permits the release and sharing of Protected Information by and with individuals off campus who are in your “support network,” which includes, as applicable, all individuals who are, or who become, involved in supporting you (e.g., parents, guardians, outside tutors, therapists, counselors, educational consultants, coaches, physicians, psychologists) (the “Network”). In addition, if approved by you below, this release will permit College counselors to share counseling information with other individuals at the College for purposes of providing you appropriate support.

Please submit your completed form to the Office of the Registrar in person, by mail, or as a scanned file by email. Please note that you may revoke your authorization at any time by sending a written request to the same address. It will remain in effect unless revoked.

A. Student Information:

Name

Student ID Number

B. Third-Party Designee(s):

_____ I authorize the release and sharing of the Protected Information checked below by and with my Network, as described above, for purposes of supporting my progress and success at Mitchell College.

I wish to **exclude** the following individuals in my Network from receiving Protected Information (please identify by name and/or category, as appropriate): _____

I wish to **include** the following additional parties in my Network for purposes of receiving Protected Information (please identify by name and/or category, as appropriate): _____

C. Types of Protected Information I Authorize for Release:

(Check one or more of the items below to grant authorization):

_____ All of the records listed below (i.e., academic records, student account and financial aid records, conduct records, medical records and emotional health records).

_____ Academic records, including, grades/GPA, demographic, registration, academic status, and/or enrollment information.

_____ Student Account and Financial Aid records, including billing statements, charges, credits, payments, past due amounts, collection activity, financial aid awards, disbursements, and/or financial aid satisfactory academic progress reports.

_____ Conduct records.

_____ Medical record information.

_____ Emotional health information. (This includes information from College counselors and outside counselors, unless excluded by you above.)

D. Counseling Information:

_____ I authorize the College counselors to share information with other individuals at the College for purposes of providing me with appropriate support.

I understand that I do not have to sign this authorization in order to receive counseling or academic or other support through Mitchell College, but that I may not be able to receive the most comprehensive of support without this authorization.

Student's Signature

Date