



## ACKNOWLEDGMENTS

\_\_\_\_\_ By checking this space, I acknowledge that in addition to regular USU tuition, fees, and housing/meal plan costs, all accepted Aggies Elevated students will pay a program fee (~ \$4,000 per semester, or \$8,000 per year). This fee covers the services and supports provided by Aggies Elevated, and is necessary for the sustainability of the program.

\_\_\_\_\_ By checking this space, I acknowledge and understand that all accepted Aggies Elevated students are University students and required to follow the [USU Student Code of Conduct](#), the [Academic Honor Code](#), and [Housing & Res Life policies](#). Students who fail to follow these guidelines will be subject to disciplinary actions as outlined by university policy.

\_\_\_\_\_ By checking this space, I acknowledge and understand that Aggies Elevated does not provide 24/7 support and/or supervision. Students have significant amounts of unstructured time each week. AE administrative and program support staff are generally available M-F between 9am-5pm. Mentoring may occasionally be available in the evenings. Students will need to work with natural supports (parents, family, friends, etc.) to resolve conflicts, solve problems, and take care of personal and health needs during evening and weekend hours. No staffing of any kind is available on holidays and school breaks.

\_\_\_\_\_ By checking this space, I acknowledge and understand that Aggies Elevated and USU staff may dismiss students from the program, if, in the staff's professional judgment with guidance from university policy, a student presents a danger to themselves or to others.

**Student's Signature:**

**Student Name:**

**Date:**

**Parent/Guardian Name Signature:**

**Parent/Guardian Name:**

**Date:**



## RELEASE OF INFORMATION

Aggies Elevated and Utah State University consider all student information to be private, confidential, and protected by law. However, there are times when obtaining information from outside sources is necessary for Aggies Elevated to determine eligibility for the program or to provide services and supports.

We will only share your information if you give us permission by signing this form.

*\*Leaving items unchecked may delay eligibility decisions.*

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

Are you your own legal guardian? Yes \_\_\_\_ No \_\_\_\_

I give permission for Aggies Elevated to exchange information about me with the individuals/offices checked below:

\_\_\_ Parents/Guardians: \_\_\_\_\_

\_\_\_ School District or School Personnel: \_\_\_\_\_

\_\_\_ Mental/Behavioral Health Provider(s): \_\_\_\_\_

\_\_\_ Utah State Office of Rehabilitation/Vocational Rehabilitation

\_\_\_ Division of Services for People with Disabilities (DSPD)

\_\_\_ Relevant USU offices (*Registrar, Financial Aid, Disability Resource Center, etc.*)

\_\_\_ Other (*please specify*):  
\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_