

*The Arc Jacksonville Academy
On Campus Transition (OCT) Program
at
University of North Florida*



Student Application Packet

When all application materials are completed, please mail or hand deliver packet to:

**On Campus Transition Program at UNF
One UNF Drive, Building 3, Room 1302
Jacksonville, FL 32224
Office: (904) 620-3890
E-mail: coeoct@unf.edu**

Application Deadline for Fall Term: March 15th



The Arc Jacksonville Academy On Campus Transition at UNF

One UNF Drive ✧ Jacksonville, FL 32224 ✧ (904) 620-3890 ✧ coeoct@unf.edu

Steering Committee:

Ms. Susan Corse-Adams

Past Board President, Down Syndrome Association of Jacksonville; Board Member, National Down Syndrome Society

Ms. Susan Gregg

Disability Resource Center, UNF

Ms. Debbie Johnson

Board Member, Arc Jacksonville and Arc of Florida; Board Member, UNF Alumni Association; UNF Coggin College of Business Alumni Chapter and UNF Student Affairs Community Council

Ms. Bernadette Moran

Board Member, Arc Jacksonville

Dr. Janice Seabrooks

Chair, Department of Special Education, UNF

Ms. Charlotte Temple

Director of Advocacy, Arc Jacksonville; Past Co-Chair, State Advisory Committee for the Education of Exceptional Students; Board Member, Governor's ADA Working Group

Dr. Kristine Webb

Associate Professor, College of Education and Human Services, UNF; Director, Disability Resource Center, UNF

Dear Applicant:

Thank you for demonstrating your interest in applying for admission to the On Campus Transition (OCT) Program at the University of North Florida. It is the mission of OCT to:

“Provide a transformational learning opportunity within an inclusive educational community for young adults with developmental disabilities, university students, college educators and community leaders.”

Our innovative transitional program is located on the UNF Campus and is offered in partnership with The Arc Jacksonville Academy. Through the partnership with UNF, we offer students 18 to 21 years of age with a developmental disability (MR), with developmental disabilities, the opportunity to have a unique “on campus” experience including: Taking noncredit college courses, peer mentoring, tutoring, job coaching, actively participating in on campus clubs, and other campus inclusion activities. It is the objective of the program to facilitate the independence of our students both on the campus and in the community, as well as improve the long-term employment outcomes of our graduates. We hope to see you in the upcoming academic year in the On Campus Transition Program at UNF!

Sincerely,

Steering Committee
On Campus Transition
Building 3, Room 1302
University of North Florida
One UNF Drive
Jacksonville, FL 32224
coeoct@unf.edu



The Arc Jacksonville Academy On Campus Transition at UNF

Students in the On Campus Transition (OCT) Program at UNF will be deemed eligible upon meeting the following criteria:

1. Have a developmental disability (MR)
2. Have completed high school coursework
3. Have not received a *standard* high school diploma (students having received a special diploma or certificate of completion are still eligible)
4. Be eligible for or receiving SSDI or SSI
5. Have a desire to receive transition services in a college setting
6. Have exhibited a need and a desire for greater independence
7. Be able to travel independently while on the college campus
8. Have transportation to and from the college campus
9. Have had two paid or unpaid community work experiences
10. Have exhibited socially adaptive and responsible behavior when left unsupervised
11. Be able to communicate with others
12. Be at least 18 years of age
13. Have satisfactory school attendance from previous schools
14. Have a health insurance (Medicaid, Medicare, Private)
15. Must consent to being photographed, videotaped, interviewed and/or quoted in media and publications
16. Have own cell phone before entering the program (This is not provided by OCT)
17. Consent to participate in OCT longitudinal research studies

By signing this form, the potential student and his or her parent(s)/guardian(s) acknowledge having read and understood the eligibility requirements for OCT. This form must be signed and included in the application packet. It must also be noted that this form includes the basic eligibility requirements for admittance to the OCT Program. Final acceptance to the program will be determined by the Admissions Committee.

Parent/Guardian Signature _____ **Date** _____

Student Signature _____ **Date** _____

I am applying for the _____ **school year.**



The Arc Jacksonville Academy On Campus Transition at UNF

Please ensure that all of the following documents have been fully completed with the required information and signatures. Incomplete application packets will delay the application review and admittance process.

1. _____ Application Checklist (signed)
2. _____ Signed Student Eligibility Requirements
3. _____ Application (verify following sections are complete)
 - a. _____ Student Information (Include Support Plan, if applicable)
 - b. _____ Family Information (Include Guardianship Documentation, if applicable)
 - c. _____ Educational History
 - d. _____ Work/Volunteer History
 - e. _____ Medical History
 - f. _____ Student Questionnaire
 - g. _____ Be sure to sign the application
4. _____ Personal Support Inventory
5. _____ **Two** Letters of Recommendation must be submitted using the **Personal Recommendation Form**.
Please request your recommendations from teachers, or vocational/transition specialists. Other possibilities might include: therapists, social workers, friends, neighbors, physicians, family, or friends
6. _____ **One** Letter of Recommendation must be submitted using the **Workplace Recommendation Form**.
Please request this recommendation from a supervisor or manager. The Workplace Checklist must also be provided to the employer for evaluation.
7. _____ Workplace Checklist (**Form should be attached to letter of recommendation**)
8. _____ Student/Parent/Guardian Memorandum of Understanding
9. _____ Research Informed Consent
10. _____ Release of Information and Exchange Form
11. _____ Copy of current Individual Education Plan (IEP)
12. _____ Recent private evaluations that may not be included in the student’s school records (optional)
13. _____ A psychological assessment or evaluation
14. _____ Copies of high school transcripts or final report cards from past two years
15. _____ Check made payable to: The Arc Jacksonville for \$75.00 a non-refundable application fee.

A **personal interview** for the applicant and a parent/guardian/family/support person is required. You will be contacted to schedule this interview after the application is received and if the student meets basic eligibility requirements.

I have completed all required application requirements and have included them in the application packet which will be returned to the On Campus Transition Program at UNF.

Parent/Guardian Signature _____ **Date** _____

Student Signature _____ **Date** _____

The Arc Jacksonville On Campus Transition Application

The University of North Florida, OCT Program, One UNF Drive, Building 3, Room 1302 • Jacksonville, Florida 32224-2648

A completed application and appropriate documentation must be submitted. Incomplete applications will delay the review process. It is acceptable for the applicant to receive support in completing the application. **You may attach pages for additional information and writing space if needed.** All information will be kept confidential and will not be shared with any outside agencies unless written agreement is provided by those filling out the application. Please type or print with pen.

Student Information

<p>Today's Date: _____</p> <p>1. *U.S. Social Security Number _____ / _____ / _____</p> <p>Last Name _____ Jr., III, etc.</p> <p>First Name _____ Middle Name _____</p> <p><small>* Your Social Security Number is confidential and under federal law it is protected and will not be disclosed to unauthorized parties. Disclosures may be authorized for the purpose of the state and federal financial aid, academic transcripts or accountability research.</small></p> <p>4. Date of Birth: Month ____ Day ____ Year ____</p> <p>5. <input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>7. Race/Ethnicity (Voluntary) Provided information will only be used for research purposes.</p> <p><input type="checkbox"/> White (Not of Hispanic origin) <input type="checkbox"/> Asian or Pacific Islander</p> <p><input type="checkbox"/> Black (Not of Hispanic origin) <input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> American Indian or Native Alaskan</p>	<p>2. Enter here any name(s) other than those listed in Item 1: _____</p> <p>3. PRINT your permanent address:</p> <p>Number and Street Address _____ Apt.# _____</p> <p>City _____ State/Nation _____ Zip Code _____</p> <p>(_____) _____ (_____) _____</p> <p style="font-size: small;">Area Code Telephone Number Cell Phone Number Email Address</p> <p>6. Student receives support from: (Please check all that apply)</p> <p><input type="checkbox"/> Supplemental Security Income and/or Social Security Disability Income</p> <p><input type="checkbox"/> Division of Vocational Rehabilitation If, yes which provider? _____ Provide IPE</p> <p><input type="checkbox"/> Waiting List for waiver services If yes, which Agency? _____</p> <p><input type="checkbox"/> McKay Scholarship If yes, Matrix Level _____</p> <p><input type="checkbox"/> Home and Community Based Medicaid Waiver (HCBS) If yes, provide support plan.</p> <p><input type="checkbox"/> Consumer Directed Care Plus Medicaid Waiver If yes, provide support plan</p> <p><input type="checkbox"/> Florida New Freedom Social Security Waiver</p> <p><input type="checkbox"/> Family and Supported Living Medicaid Waiver If yes, provide support plan</p> <p>Medical Coverage: (Check all that apply) Student must have health insurance.</p> <p><input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private Insurance <input type="checkbox"/> Other: _____</p>
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Family Information

<p>8. *Student lives with:</p> <p><input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> _____ (Other)</p> <p><input type="checkbox"/> Mother <input type="checkbox"/> Guardian</p> <p>9a. Mother/Guardian (Please Circle):</p> <p>Last Name _____ First Name _____ MI _____</p> <p>9b. Address of Mother/Guardian</p> <p>Number and Street Address _____ Apt.# _____</p> <p>City _____ State _____ Zip Code _____</p> <p>(_____) _____ (_____) _____</p> <p style="font-size: small;">Area Code Telephone Number Cell Telephone Number Email Address</p> <p>11a. Primary Contact Person</p> <p>In case of an emergency, indicate the person you request the university to contact:</p> <p>Last Name _____ First Name _____ M. I. _____</p> <p>Number and Street Address _____ Apt.# _____</p> <p>City _____ State _____ Zip Code _____</p> <p>(_____) _____ (_____) _____</p> <p style="font-size: small;">Area Code Telephone Number Cell Phone Number Relationship</p>	<p>8a. Student's Legal Rights: <input type="checkbox"/> Makes own legal/medical decisions/gives consent</p> <p><input checked="" type="checkbox"/> Guardianship <input type="checkbox"/> Guardian Advocate</p> <p>(include Legal Guardianship or Guardian Advocate papers with application)</p> <p>10a. Father/Guardian (Please Circle):</p> <p>Last Name _____ First Name _____ MI _____</p> <p>10b. Address of Father/Guardian</p> <p>Number and Street Address _____ Apt.# _____</p> <p>City _____ State _____ Zip Code _____</p> <p>(_____) _____ (_____) _____</p> <p style="font-size: small;">Area Code Telephone Number Cell Telephone Number Email Address</p> <p>11b. Alternative Contact Person</p> <p>In case of an emergency, indicate the person you request the university to contact:</p> <p>Last Name _____ First Name _____ M. I. _____</p> <p>Number and Street Address _____ Apt.# _____</p> <p>City _____ State _____ Zip Code _____</p> <p>(_____) _____ (_____) _____</p> <p style="font-size: small;">Area Code Telephone Number Cell Phone Number Relationship</p>
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Education Information

Please list in **chronological order past educational institutions attended**. Use a separate sheet if necessary. Please include in the application packet the following: transcripts and psychological assessments. Also, please include any psychological evaluations that are not included in official school records.

Name of Schools Attended (City/State)	Years Attended	Classroom Setting (e.g., Resource Room, self-contained, inclusive)

A. Have you ever received a high school diploma? Yes _____ No _____ Do you have a Special Diploma? Yes _____ No _____
 Do you have a Certificate? Yes _____ No _____

Graduation Date or Date that Diploma/Certificate will be awarded _____ (month/year)

B. In a few words, please describe your academic strengths and weaknesses: _____

C. In a few words, how do you think you learn the best? (e.g. small groups, extra time, etc.)

D. In the following areas, describe what skills you would like to learn:

- i. Independent Living: _____
- ii. Academics: _____
- iii. Social/recreational/leisure: _____
- iv. Employment: _____

E. Have you ever participated in general education classes? Yes _____ No _____
If yes, list subjects: _____

F. Were any accommodations used for you in any educational setting? Yes _____ No _____
If yes, what kind? _____

G. Have you used assistive technology? If yes, please describe: _____

Work History

Please complete the following as accurately as possible.
List work experiences in chronological order from most recent.

Business/Employer Supervisor	Location	Paid/Unpaid	Hours per week	Job Responsibilities	Reason for Leaving

What work experiences do you have an interest in or enjoy?

Transportation

A. What transportation plan will you be using to attend the On Campus Transition Program at UNF?

B. Will this plan allow for recreational, social, and leisure opportunities to occur after 3:00pm and on weekends?

_____Yes _____No

C. Are there any limitations, support needs, or related issues to transportation? (Please List)

Medical History

A. Please give a brief description of your medical history, including disability diagnoses that you have and/or possibly have:

B. Please list any significant medical, psychiatric, behavioral, and/or physical conditions that may impact your participation in classroom, social, or recreational activities on campus, including severe allergies:

C. *Please list any current medications you are taking (**Include dosage, frequency, and reason for taking the medication**):

* **Note:** If the applicant must take medications while on campus, he/she must be independent in self-administering his/her medications.

D. Do you currently receive private/public/agency therapeutic services, such as physical therapy, occupational therapy, psychiatry, speech therapy, or behavioral therapy? If **yes**, please list below:

In case a medical emergency or situation occurs while on the UNF campus or while participating in OCT activities outside of regular school hours, please provide the following information:

Family or Primary Physician:

Name: _____ **Address:** _____

Telephone: _____ **Office Hours:** _____

Medical Insurance Name _____

Policy Number _____

Hospital Preference _____

Please provide any other medical information that you feel would be important regarding your participation in this program.

Please specify: _____

Student meets Immunization Requirements for UNF? ___ Yes ___ No

Comment: _____

On Campus Transition Program at UNF Student Questionnaire

Please answer the following questions to the best of your ability. Answers should be **brief**, but you may attach additional sheets of paper if necessary.

A. Discuss any activities, hobbies, and/or groups (social, volunteer, civic organizations) that you belong to or participate in. (You may not have an answer for all of the categories, and that is OK).

a. I play the following sports:

b. I belong to the following clubs and/or religious organizations:

c. I work at:

d. My other interests are:

B. Discuss two of your goals for the future:

1.

2.

C. I would like to take a class about.....

D. Why would you like to participate in the On Campus Transition Program at UNF?

Failure to answer this question and provide the supporting documentation may result in the denial of application for admission to The Arc Jacksonville Academy OCT Program at UNF:

a. Are you now or have you ever been charged with or subject to a disciplinary action for misconduct at school? ___yes ___no

b. Have you ever been convicted and/or have charges pending of any criminal offense? ___yes ___no

c. Have you ever been Baker Acted? ___yes___ no

If your answer to either of these questions is "YES" you are required to provide written documentation of the event. You may be required to provide OCT with documentation from your school administration or legal representation and copies of all official documentation explaining the final disposition of the proceedings. If your records have been expunged pursuant to applicable law, you are not required to answer yes to these questions.

I understand that this application is for admission to the Arc Jacksonville Academy On Campus Transition (OCT) Program at University of North Florida and is only valid for the term indicated. I further agree to the release of any transcript, records, student records and test scores to OCT. I certify that the information given in this application and all required documentation provided is complete and accurate, and I understand that to make false or fraudulent statements within this application may result in denial of admission. If admitted, I hereby agree to abide by the policies, rules, and regulations of the UNF and OCT. Should any of the information change prior to my enrollment, I shall notify the Admissions Committee at OCT.

Applicant's Signature _____

Date _____

Parent/Guardian's Signature _____

Date _____

ENSURE THAT ALL SECTIONS HAVE BEEN COMPLETED

On Campus Transition Program's Personal Support Inventory

(This form is to be completed by the student and/or family)

Student Name: _____

Completed by: _____

***The response, Not Sure, may be used for items that are not applicable or lack personal information for evaluation. All items require a response (check mark). Be sure to be as accurate as possible.**

INDEPENDENT LIVING SKILLS (Section 1)	1 Requires complete assistance	2 Needs moderate assistance	3 Needs some assistance	4 Needs Minimal Assistance	5 Completely independent	Not Sure (NS)	Comments:
Finding way around environment							
Ordering/purchasing: Restaurant							
Store							
Handling personal affairs: Laundry							
Household cleaning							
Managing personal belongings							
Grooming							
Personal Hygiene Independence							

Student Name _____

INTERPERSONAL SKILLS (Section 2)	1 Requires complete assistance	2 Needs moderate assistance	3 Needs some assistance	4 Needs minimal assistance	5 Completely Independent	Not Sure (NS)	Comments:
Ability to relate to others							
Asks for help, clarification, or questions							
Use of judgment in an emergency							
Emotional: Copes with stress							
Adjusts to new situations							
Social Skills and Communication:							
Communicates needs appropriately							
Appropriate in social interactions							
Uses home telephone							
Uses cell phone							
Uses e-mail							

Student Name _____

ACADEMIC SKILLS (Please provide grade level when appropriate)	1 Requires complete assistance	2 Needs moderate assistance	3 Needs some assistance	4 Needs minimal assistance	5 Completely Independent	Not Sure (NS)	Comments:
Handling money:							
Counts money							
Uses Checks							
Stays in budget							
Math Skills:							Grade level:
Addition							Grade level:
Subtraction							Grade level:
Multiplication							Grade level:
Division							Grade level:
Reading/Writing:							Grade level:
Reading							Grade level:
Writing							Grade level:
Comprehension							Grade level:
Computer Skills:							
Word Processing							
Internet							
Motivation							
Persistence							
Know and write:							
Name							
Address							
Telephone							
Follows verbal directions							

Student Name _____

Follows written directions							
Keeps daily schedule							
Meets deadlines							
Uses the library							

Has applicant utilized any assistive technology? If yes, what?

Does the applicant need any assistive technology? If yes, what?



The Arc Jacksonville Academy On Campus Transition at UNF

Personal Recommendation Form

Applicant Information:

Name _____

About the Person Writing the Recommendation:

Name/Credentials _____

Address _____

City, State, Zip Code _____

Phone Number _____

E-mail Address _____

Occupation _____

Relationship to the Applicant _____

I have known the applicant for _____

Please use a separate piece of paper to discuss the following questions:

1. Describe your relationship with the applicant.
2. Describe why you feel the applicant would benefit from transition or postsecondary education.
3. Describe the applicant's desire to learn, using examples from your relationship.

***Note: The Letter of Recommendation Form should be no more than one (1) page in length. Return this form and your letter of Recommendation, in a sealed envelope, to the applicant who needs to enclose them in his/her application package.**



The Arc Jacksonville Academy On Campus Transition at UNF

Personal Recommendation Form

Applicant Information:

Name _____

About the Person Writing the Recommendation:

Name/Credentials _____

Address _____

City, State, Zip Code _____

Phone Number _____

E-mail Address _____

Occupation _____

Relationship to the Applicant _____

I have known the applicant for _____

Please use a separate piece of paper to discuss the following questions:

1. Describe your relationship with the applicant.
2. Describe why you feel the applicant would benefit from transition or postsecondary education.
3. Describe the applicant's desire to learn, using examples from your relationship.

***Note: The Letter of Recommendation Form should be no more than one (1) page in length. Return this form and your letter of Recommendation, in a sealed envelope, to the applicant who needs to enclose them in his/her application package.**

On Campus Transition Program's Workplace Checklist

Student Name: _____ Completed by: _____ Relation to applicant: _____

This checklist must be completed by a supervisor or manager from the applicant's previous paid job and/or volunteer experience. The checklist should be provided back to the applicant in a sealed envelope.

Only rate the applicant in areas you are experienced and comfortable with. If you cannot evaluate the applicant on a particular item, please respond NS (Not sure.)

Areas:	1 Requires complete assistance	2 Needs moderate assistance	3 Needs some assistance	4 Needs minimal assistance	5 Completely Independent	NS (Not Sure)	Comments:
General:							
Initiative							
Reliability							
Motivation							
Perseverance							
General Attitude							
Interpersonal-Ability to relate to others:							
Coworkers with disabilities							
Coworkers without disabilities							
Work supervisors							
Adults-Nonprofessional							

Judgment/Decision Making:	1 Requires complete assistance	2 Needs moderate assistance	3 Needs some assistance	4 Needs minimal assistance	5 Completely Independent	NS (Not Sure)	Comments:
Everyday decisions							
In an emergency							
Asks for help, or questions							
Emotional Adaptability:							
Copes with stress							
Adjusts to new situations/environments							
Easily adapts to new tasks							
Asks for help w/ stress							
Time Management & Organization:							
Keeps track of belongings							
Follows daily schedule							
Plans and implements work/tasks							
Workplace Skills:							
Communicates needs in an appropriate manner							
Engages in social interaction							
Knows and can verbalize personal information							
Follows verbal directions							
Follows written directions							
Ability to use: Telephone							
Cell phone							
E-mail							

Counts money							
Has basic computer skills							

Did the applicant utilize any assistive technology? If yes, what?

Did the applicant require reasonable accommodations, such as: modified work schedule, job carving, accessibility adjustments, and/or job coach)?

What type of workplace supports, if any, do you think that the applicant can benefit from?



The Arc Jacksonville Academy On Campus Transition at UNF

Workplace Recommendation Form

Applicant Information:

Name _____

About the Person Writing the Recommendation:

Name/Credentials _____

Address _____

City, State, Zip Code _____

Phone Number _____

E-mail Address _____

Occupation _____

Relationship to the Applicant _____

I have known the applicant for _____

Please use a separate piece of paper to discuss the following questions:

1. Describe your relationship with the applicant.
2. Describe why you feel the applicant would benefit from transition or postsecondary education.
3. Describe the applicant's desire to learn, using examples from your relationship.

***Note:** The Letter of Recommendation Form should be no more than one (1) page in length. Return this form and your letter of Recommendation, in a sealed envelope, to the applicant who needs to enclose them in his/her application package. *Please attach the Workplace Checklist within the sealed envelope as well.*



The Arc Jacksonville Academy On Campus Transition at UNF

Student/Parent/Guardian Memorandum of Understanding

To the parent(s)/guardian of _____:

The **On Campus Transition (OCT) Program** will be offered by The Arc Jacksonville Academy at the University of North Florida for ESE students on special standards (not a standard diploma track). This unique program option is designed for ESE students, **ages 18-21 with developmental disabilities (MR)**, who have completed coursework at their respective high school, but who want additional transition services. The student must also have two paid or non-paid work experiences. The On Campus Transition Program will provide opportunities for students to continue academic goals, vocational goals, and competitive employment. The OCT is a non-degree seeking program; however, students will receive a certificate upon completion of their program.

The OCT Program will be offered in an inclusive setting with age appropriate peers. A college setting is a microcosm of society and the OCT participants will be woven into the fabric of campus activities. One of the central goals of the program is to assist students in reaching a level of independence to enable them to transition into adult life with a minimum number of ongoing supports. The program requirements of the participants include, but are not limited to:

- Students can independently mobilize around campus
- Arrange transportation to and from school/work
- Student must be able to manage his or her schedule
- Parent/student must provide own cell phone for use when on campus
- Must be motivated and willing to participate in campus activities
- Student/family responsible for the costs of student's meals

The program will expect a high level of parental involvement. As parent(s)/guardian, you need to clearly understand the expectations and agree to the limitation of the OCT program to provide direct teacher contact/supervision of the students enrolled. Some opportunities provided by the OCT program may occur beyond the hours of a traditional college day/week and may occur off the UNF campus.

The OCT program offers a unique opportunity for selected students to grow, learn, and move into adult life in the most natural setting, a college campus. The Individual Education Plan (IEP) process will be used to design the course of study, life skills, recreation, vocational training, and work opportunities for each individual student. However, be aware that supports and services will only be available that support the program's stated objective, which is to prepare students to transition into adult life as independently as possible. **It must be recognized that the OCT is a non-degree program and students will not receive college credit for participation.**

I (we) understand that if _____ is accepted into the OCT program that we will provide the necessary parental support and we are aware that s/he will not be in the presence of the Program Director most of the time during the school days. There are risks associated with any program provided totally in the community, and I (we) are willing to accept those risks and do not hold OCT, UNF or The Arc Jacksonville Academy or their employees liable.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____



The Arc Jacksonville Academy On Campus Transition at UNF

Research Consent

The goal of the On Campus Transition Program at UNF is to prepare students with developmental disabilities to:

- Become lifelong learners connected to their community
- Increase the level of independence
- Prepare for work

It will be important, for future funding, that the success of the students upon exiting the program be documented. Therefore each student is being asked to agree to participate in a longitudinal research study that will be conducted over a five year period following completion of the program. During the period of enrollment at UNF, base line information will be gathered and it is this information which will continue to be monitored and documented over the course of five years.

By signing this document, the student acknowledges the fact that s/he will be part of an on-going research project and agrees to participate in the research both during enrollment in OCT as well as during the five year period following graduation.

Student Signature _____ Date: _____

Parent/Guardian if applicable: _____ Date: _____



The Arc Jacksonville Academy On Campus Transition at UNF

Release and Exchange Information Form

The Arc Jacksonville Academy treats and regards all written documentation obtained to verify a disability and plan for appropriate services as confidential. However, it may be necessary for our staff to exchange some information about you with the UNF Faculty and Staff in order to provide educational opportunities and experiences on and off campus. This exchange will occur only with your written permission, as given in this document below, and with the understanding that only information necessary for the purposes of accommodation and academic progress will be communicated.

Student Name (Please Print) _____ SS# _____

I give permission to exchange information about me to the following offices/individuals shown below – **If any office is to be EXCLUDED, please check that name:**

- School District(s) _____
- Division of Vocational Rehabilitation
- Agency for Persons with Disabilities
- Medicaid
- Admissions Office
- Counseling Office
- Course Instructors
- UNF
- McKay Scholarship
- Other _____
- (Specify) _____

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____