



Berkshire AHEC Health Scholars' Program @ BCC Data Release Form



First Name _____ Middle Initial _____ Last Name _____

BCC Student ID _____ Date of Birth _____

Cell phone _____ Email _____

Home address _____

City/Town _____ State _____ Zip Code _____

Berkshire AHEC is a member of the MassAHEC Network, a program of the University of Massachusetts Medical School (UMMS) and is partnered with Berkshire Community College to develop this program. I give permission to Berkshire Community College, Berkshire AHEC, MassAHEC/UMMS to collect personally identifiable information and periodically track my postsecondary enrollment and graduation status to gather and report accurate information about the effectiveness of the program as required by federal funding guidelines. The parties will never sell student lists for commercial purposes. Every safeguard will be taken to ensure secure storage of this confidential information, and the information will not be used for any other purpose. (For more information see page 24 of the BCC College Catalog regarding the Family Educational Rights and Privacy Act of 1974.

Are you a Veteran? Yes No

Are you Hispanic? Yes No

What is your race?

- American Indian/Alaska Native
- Asian
- Black
- Hawaiian Pacific Islander
- White
- Decline to answer

Student signature

Date



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