CLATSOP COMMUNITY COLLEGE
PRE-COLLEGE TRIO

SENIOR CHECKOUT

Please complete this form as fully as possible. Your answers help TRIO support your transition after high school and document program outcomes.

STUDENT INFORMATION

LEGAL NAME	NAME YOU GO BY
HIGH SCHOOL	**EXPECTED GRADUATION DATE**

PERMANENT MAILING ADDRESS

CITY	STATE	ZIP CODE

PERSONAL EMAIL — NOT YOUR HIGH SCHOOL EMAIL	CELL PHONE

TRIO PROGRAM — SELECT ONE

☐ Talent Search ☐ Upward Bound

CONTACT PREFERENCE

☐ Call ☐ Text ☐ Email

PLANS AFTER HIGH SCHOOL • Check all that currently apply

- ☐ Four-year college or university
- ☐ Community or technical college
- ☐ Certificate or career-training program
- ☐ Apprenticeship
- ☐ Military
- ☐ Work full time
- ☐ Gap year
- ☐ Still deciding

Other plan _____

APPLICATIONS SUBMITTED • Colleges, training programs, or apprenticeships

COLLEGE OR PROGRAM	APPLIED	DECISION	AID OFFER
	____ / ____	☐ A ☐ D ☐ P	☐ Yes ☐ Pending
	____ / ____	☐ A ☐ D ☐ P	☐ Yes ☐ Pending
	____ / ____	☐ A ☐ D ☐ P	☐ Yes ☐ Pending
	____ / ____	☐ A ☐ D ☐ P	☐ Yes ☐ Pending
	____ / ____	☐ A ☐ D ☐ P	☐ Yes ☐ Pending

Decision key: A = accepted D = declined P = pending

YOUR CURRENT PLAN

I currently plan to attend / begin _____

Expected start date _____ **Student ID (if known)** _____

- ☐ My plan is confirmed
- ☐ I am still deciding
- ☐ I would like TRIO help with next steps

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FINANCIAL AID

FAFSA or ORSAA status

- ☐ Submitted — date: _____
- ☐ Started but not submitted
- ☐ Not started
- ☐ Not planning to complete
- ☐ I would like help completing it

Scholarship applications submitted

- ☐ OSAC
- ☐ Scholarships, Inc.
- ☐ College or institutional scholarships
- ☐ Local organizations or agencies
- ☐ Other: _____
- ☐ None submitted

Total scholarships/grants awarded $ _____ **Still pending $** _____

EMPLOYMENT

- ☐ I currently have a paid job
- ☐ I do not currently have a paid job

Employer _____ **Average hours per week** _____

- ☐ TRIO helped me find or apply for this job
- ☐ TRIO did not help me find this job

STAYING IN TOUCH • Please list one reliable contact

Choose someone who is likely to know how to reach you if your phone number, email, or address changes. A relative, mentor, family friend, or former teacher is fine.

CONTACT 1

Name _____ **Relationship to you** _____

Phone _____ **Email** _____

TRIO FOLLOW-UP REQUEST • Optional

I would like a TRIO staff member to contact me about:

- ☐ FAFSA or financial aid
- ☐ Scholarships
- ☐ Comparing financial aid offers
- ☐ College enrollment or registration
- ☐ Placement testing or orientation
- ☐ Housing
- ☐ Apprenticeships or career training
- ☐ Employment

Another concern _____

FINAL STUDENT CHECK

- ☐ My personal email and phone number are current.
- ☐ I completed the records-release page that follows.
- ☐ I know I can contact TRIO for help after graduation.

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AUTHORIZATION TO RELEASE EDUCATION RECORDS

Why this is needed: The U.S. Department of Education requires Pre-College TRIO programs to verify participants' postsecondary enrollment and educational progress. This authorization allows TRIO to obtain that verification and continue supporting you after high school.

I authorize the schools, colleges, universities, training programs, apprenticeship programs, and other educational institutions I attend to release education records to Clatsop Community College's Pre-College TRIO programs.

Records may include admission decisions, enrollment verification, dates of attendance, academic standing, transcripts, credentials earned, and test scores. The information will be used only for authorized TRIO program reporting and student-support purposes and will be handled confidentially.

I understand that I may revoke this authorization at any time by submitting a written request to Clatsop Community College's Pre-College TRIO programs. Revocation will not affect information already released in reliance on this authorization.

STUDENT IDENTIFICATION

Full legal name _____

Previous or other names used, if applicable _____

Date of birth _____ **High school graduation year** _____

Most recent high school _____

STUDENT AUTHORIZATION

By signing below, I confirm that I have read and understand this authorization and voluntarily permit the release of the records described above.

Student signature Date

TRIO OFFICE USE

Date received	Staff initials	Follow-up needed
		☐ No ☐ Yes