

# PREMIER

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## BARBER INSTITUTE

### **Campus Security Information**

Should you witness a crime in progress at school, you should report the crime to the Campus Director. The Campus director will notify the appropriate law enforcement/medical authority. The School does not recognize any off-campus organizations that would be covered under this Act.

Visitors to the School should be directed to the Campus Director. The School reserves the right to inspect lockers for maintenance, security inspections, emergencies and enforcement of our Drug/Alcohol Abuse Policy, or for other reasonable causes.

The purpose and authority of School personnel are limited to securing the premises and protecting the facility. The enforcement authority of Campus security is limited to the enforcement of School rules and regulations. Incidents that go beyond the scope of security personnel are referred and investigated by the local Police Department.

To ensure accurate and prompt reporting of all crimes, School personnel will take a written statement from all involved parties and witnesses at all reported incidents. The written statements are included as part of the written report. Such statements are used by the School and/or local/state enforcement authorities for criminal apprehension and/or crime prevention.

The School is in compliance with the Drug Free Schools and Communities Amendment Act of 1989.

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Student Signature

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Date

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## BARBER INSTITUTE

### Student Dress Code

1. Uniforms for Barber students are provided by Premier Barber Institute. All uniforms are expected to be neat and clean at all times.
  - a. Black Scrub Bottoms and Light Colored Tops
    - i. Uniform Pants Only – no other styles of pants are acceptable.
    - ii. Uniform Top Only – no other styles of tops are acceptable.
    - iii. Black or white socks only. Solid black or white shoes only. They must be closed toe and closed heel.
  - b. Barber
    - i. Light Colored Barber Jacket
    - ii. Black Pants- No jeans or casual wear permitted.
    - iii. Black or white socks and shoes only. Shoes must be closed-toe/close heel and kept clean at all times.
2. THERE WILL BE NO EXCEPTIONS TO THE DRESS CODE. Any student not dressed in the required uniform (as above) will be sent home for the day and will be considered absent in which case the student will not receive required hours. Students sent home for the day must leave the building and the premises immediately.
3. PREMIER BARBER INSTITUTE reserves the right to amend this policy at any time and at their discretion to determine whether a student will be sent home for the day.

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Printed Name

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Social Security Number

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Signature

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Date

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## BARBER INSTITUTE

### **Physical Demands of Practicing the Barbering Profession**

The majority of your time as a professional Barber will be spent on your feet. It is of the utmost importance for you to learn ways to prevent fatigue, improve your personal appearance, and maintain your health.

Good health is required for the successful practice of barbering. A Barber should preserve his/her health by following rules of healthful living i.e.: cleanliness, exercise, balanced diet, adequate sleep, oral hygiene, good posture, etc.

The Barber should give his/her feet daily care. For comfort and to help maintain good posture, he/she should wear well-fitted low-heeled shoes.

### **Safety Requirements for the Barber**

To protect individuals and public health a Barber should know when, why and how to use sterilization practices. The Barber must know the laws, rules, and regulations that govern cosmetology and comply with them. By such compliance he/she is contributing to the health, welfare, and safety of the community.

Sterilization and sanitation is important to the Barber because this deals with methods used to prevent the growth of germs or to destroy them entirely, particularly those that are responsible for infections and communicable diseases.

The use of certain chemicals by a Barber involves certain dangers, unless safety measures are taken to prevent mistakes and accidents. The Barber should always read manufacturer's directions and follow the directions on the labels and accompanying literature when using chemicals. The following are some general safety precautions to be observed by the Cosmetologist in the use of chemicals:

- Purchase chemicals in small quantities and store in a cool, dry place
- Carefully measure chemicals
- Keep all containers labeled and covered
- Do not smell the chemicals
- Keep a complete first aid kit on hand
- Wear protective gloves
- Always wash hands after the use of chemicals

The Barber must acquire a basic knowledge of modern chemistry. It is an essential requirement for an understanding of the various products and cosmetics being used in the salon. It is important that Barber understands these products and learns how to use them for the maximum benefit and safety of the patron.

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Student Signature

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Date

# PREMIER BARBER INSTITUTE

## **Policy for Safeguarding Customer Information**

Non-public personal information is information which is not publicly available on: 1) your name, address, social security number, 2) name of your financial institution and account number, 3) information provided on your application to enroll at **Premier Barber Institute** 4) information provided on your application for a grant or loan, 5) information provided on a consumer report, or 6) information obtained from a website. The Institute is committed to implementing and maintaining a comprehensive information security program, to maintain and safeguard your non-public personal information against damage or loss.

Premier Barber Institute ensures that all staff and personnel are adequately trained when handling sensitive information of a student. Such training includes safeguards to ensure no unauthorized individuals are around, proper security of student assets, proper disposal of sensitive information, as well as other measures seen fit on site as applicable. Files are both stored in hard copy and in electronic forms. Access in both cases are restricted only for the use of authorized personnel and are either locked in the instance of physical access or password protected in the instance of electronic access. In the instance of electronic copies, a network administrator may access a user's file for the maintenance of networks and computer/storage systems, such as to create back up files. This access should be limited to the necessary maintenance of computer records. When disposing of physical records of a student's sensitive information, those documents must be shredded to safeguard against any unauthorized personnel viewing said documents. The policy covers all student records in whatever form (hard copy, electronic).

The school Director and or owner/administration shall be responsible to coordinate the school's information security program. The coordinator shall, at least once every 3 years, assess foreseeable internal and external risks to the security, confidentiality, and integrity of customer information that could result in the unauthorized disclosure, misuse, alteration, destruction, or other compromise of the information. The risk assessment shall cover every relevant area of school operations, including employee training & management, network & software design, information processing, storage, transmission and disposal, and ways to detect, prevent and respond to attacks, intrusions, or other system failures. The coordinator shall design and implement safeguards to control identified risks and shall monitor the effectiveness of them, recommending changes when warranted. Records for prospective students who are not accepted or who do not enroll in the school shall be held for 12 months then destroyed in a secure manner. Records of enrolled students shall be maintained in accordance with federal and state law and accreditation requirements.

Students shall receive notice of this policy at the time they submit a signed application for enrollment. All currently enrolled students shall receive an annual notice of this policy.

The Institute shall only enter into servicing agreements with service providers who also maintain appropriate safeguards for customers' non-public personal information.

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Student Signature

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## BARBER INSTITUTE

### Admissions Disclosure Information

1. The program, goals and admissions requirements have been fully explained. I have been given the opportunity to ask all questions about the School and the program.
2. I have a high school diploma or GED equivalent; or I have met the School's criteria for admission as established by the Ability to Benefit Policy.
3. I have been provided with information regarding:
  - o Physical Requirements, Safety Requirements
  - o Dress Code and Conduct Policy
  - o Purchasing of Equipment
  - o Placement Rates,
  - o Licensing Requirement (found in Catalog)
  - o Refund Policies
  - o Physical Demands
  - o Satisfactory Progress Policy
  - o Community Programs Available for GED
4. I have read and understand the School's Drug Prevention Policy, Student Right to Know Policy, and Campus Security Act Policy.
5. I have received the School Catalog.
6. I have received the Drug Free Workplace Act of 1988 Policy.
7. In the State of Pennsylvania, 1250 complete study hours in Barbering are required to apply for a license. A certificate of completion and the required fee are needed to apply. In order to receive a certificate of completion the graduate must attend an Exit Interview with the Director of Education and successfully pass the 100 question final exam. The student must call the State Board 10 days after sending out the application to confirm date and time.
8. STUDENT RIGHT TO KNOW COMPLETION AND TRANSFER OUT RATE:

<b>Recent Annual Report</b>
COMPLETION RATE = 81.40%
PLACEMENT RATE = 100%
LICENSURE RATE = 100%

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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## BARBER INSTITUTE

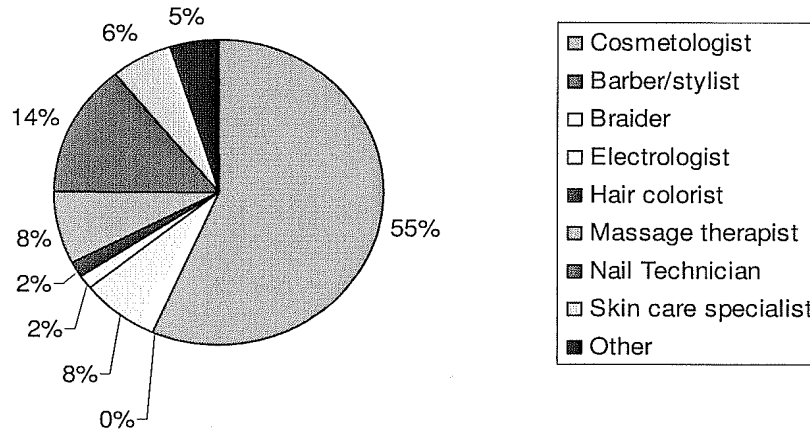
### Job Demand Survey 2007 – Results for Pennsylvania

Since 1990, NACCAS has commissioned several Job Demand Surveys, to provide quantitative data on cosmetology careers, earnings potential, and job openings. The most recent survey, completed in May 2007, compiles data from 6,203 salons responding to a national survey.

The 2007 Job Demand Survey results indicate that salons in Pennsylvania plan to hire 8,727 new employees in the next twelve months. The average annual salary for a salon professional in Pennsylvania is \$33,915. This amount does not include tips and gratuities. Nationally, the average salon professional's salary is \$35,973.

Most importantly, 75 percent of Pennsylvania salon owners who attempted to hire new employees in 2006 said they were unable to find properly-trained applicants. This means that jobs would be immediately available for salon professionals.

Chart 1 – Percent of anticipated new hires by job category



As of January 2007, there were 84,680 professionals employed at Pennsylvania's 16,364 salons. 93 percent of salons in the state are employer-owned, and 2 percent are booth-rental salons. The other 5 percent are a combination of the two.

63 percent of Pennsylvania salons are classified by their owners as full-service salons; 18 percent are listed as haircutting salons. Barbershops make up 8 percent of the total. Nationally, 58 percent of salons are listed as full-service, meaning that Pennsylvania has a slightly lower percentage of specialized establishments.

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Student Signature

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Date

# PREMIER BARBER INSTITUTE

## FERPA RELEASE

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

Student Identification Number: \_\_\_\_\_

Address: \_\_\_\_\_

I, the undersigned, hereby authorize the PREMIER BARBER INSTITUTE – Norristown to release the following educational records and information (identify records to types of records):

\_\_\_\_\_

to: \_\_\_\_\_

for the purpose of: \_\_\_\_\_

for the duration of: [up to the end of the current academic year]:

\_\_\_\_\_

This information is released subject to the confidentiality provisions of appropriate state and federal laws and regulations which prohibit any further disclosure of this information without the written consent of the person to whom it pertains, or as otherwise permitted by such regulations.

## PRIVACY ACT

The School provides the adequate safeguard of student records and guarantees to protect the privacy of all student files unless specifically directed by the student and parents in guardians if the student is a dependent minor, in accordance with the Family Education Right to Privacy Act of 1974-Public Law 93.579.

## RIGHT TO ACCESS

The School guarantees the student and their parents or guardians, if the student is a dependent minor, to have access to their cumulative record and to provide proper supervision and interpretation of records when they are being reviewed by a student, parent, or guardians of the student is a dependent minor.

## RELEASE OF INFORMATION

The School guarantees the student the right to authorize certain individuals or organizations to have access to certain information in their cumulative record. The School policy/procedure is to require written authorization from the student and their parents or guardians, if the student is a dependent minor, each time a request from a third party is received. Students will be advised of all requests and a form will be made available in the admissions office for the student to authorize the school official to release requested information to third parties.

I understand that the school has authorization to provide access to student and other institution records as required for any accreditation process initiated by the institution or by the National Accrediting Commission of Career Arts and Sciences, or in response to a directive of the Commission.

I understand further that (1) I have the right not to consent to the release of my education records; (2) I have the right to receive a copy of such records upon request

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date



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## BARBER INSTITUTE

### Emergency Contact Information

\_\_\_\_\_

Full Name of Student (First, Last)

It is important that PREMIER BARBER INSTITUTE knows whom to contact in case of an emergency. Please list two emergency contacts below.

#### (In Case of Emergency) ICE #1

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

#### (In Case of Emergency) ICE #2

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

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## BARBER INSTITUTE

### Photo Consent Form

I hereby grant PREMIER BARBER INSTITUTE permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other considerations. I understand and agree that these materials will become the property of PREMIER BARBER INSTITUTE and will not be returned. I hereby irrevocably authorize PREMIER BARBER INSTITUTE to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing PREMIER BARBER INSTITUTE'S programs or for any other lawful purpose.

In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive the right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge PREMIER BARBER INSTITUTE from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason have by reason of this authorization.

I am at least 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

If the person signing is **under 18**, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of the student named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date

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## BARBER INSTITUTE

### **Non-Smoking/Drug/Alcohol Policy for PREMIER BARBER INSTITUTE Students**

#### **Non-Smoking Policy**

PREMIER BARBER INSTITUTE is dedicated to providing a healthful and productive work and study environment for all faculty, staff and students. We expect all faculty, staff and students to adhere to PREMIER BARBER INSTITUTE'S strict policy that smoking is prohibited throughout the school. All smoking is to be done outside of the facilities only, 25 feet away from the building in all directions.

All smokeless tobacco, and vapor products, are included in this Policy.

If a student, faculty or staff member is not adhering to the non-smoking policy disciplinary action will be taken immediately.

#### **Drug/Alcohol Policy**

The use of illegal drugs and/or alcohol, in any form, is prohibited. Any student who exhibits evidence of drug/alcohol abuse or intoxication in School is subject to disciplinary action of suspension or expulsion. Possession of drug paraphernalia is subject to the State of Pennsylvania. Students that may have a drug/alcohol problem affecting their progress should see the Campus Director for advising, and he/she will refer them to one of the community heal agencies for counseling. Students are required to sign the acknowledgment of receipt of the Drug Prevention/Awareness Policy required by the DRUG FREE WORKPLACE ACT OF 1988.

By signing this Non-Smoking/Drug/Alcohol Policy I agree to adhere to all rules and regulations as put forth from PREMIER BARBER INSTITUTE. I am aware that if I am not adhering to the rules put forth that I will be subject to immediate disciplinary action.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Admission Representative Signature

\_\_\_\_\_  
Date

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## BARBER INSTITUTE

### **DRUG FREE WORKPLACE ACT OF 1988.**

#### **Non-Smoking Policy**

PREMIER BARBER INSTITUTE is dedicated to providing a healthful and productive work and study environment for all faculty, staff and students. We expect all faculty, staff and students to adhere to PREMIER BARBER INSTITUTE's strict policy that smoking is prohibited throughout the school. All smoking is to be done outside of the facility, according to the laws of the State which the campus is in (PA), or at a minimum of 25 feet away from the building in all directions, whichever is greater.

#### **Drug and Alcohol Policies**

Federal and state regulations require that students be informed of PREMIER BARBER INSTITUTE's policy and accompanying disciplinary sanctions regarding alcohol and other drugs; the applicable legal sanctions under local, state, or Federal law for the unlawful possession or distribution of illegal or illicit drugs and alcohol; the health risks associated with the use of illegal or illicit drugs and the abuse of alcohol; and the counseling and treatment programs offered to students through the College.

Drug and alcohol abuse materials must contain ([34 CFR 86.100](#)):

- Information on preventing drug and alcohol abuse;
- Standards of conduct that clearly prohibit, at a minimum, the unlawful possession, use, or distribution of drugs and alcohol by students and employees on the school's property, or as part of the school's activities;
- A description of the sanctions under local, state, and federal law for unlawful possession, use, or distribution of illicit drugs and alcohol;
- A description of any drug and alcohol counseling, treatment, or rehabilitation programs available to students and employees;
- A description of the health risks associated with the use of illicit drugs and alcohol;
- A clear statement that the school will impose sanctions on students and employees for violations of the standards of conduct (consistent with local, state, and federal law) and a description of these sanctions, up to and including expulsion, termination of employment, and referral for prosecution.

PREMIER BARBER INSTITUTE policies and federal and state laws pertaining to drugs and alcohol are outlined below. Also included is information pertaining to health risks associated with the use of drugs and alcohol and information on Campus and community resources for counseling and treatment. The College encourages members of the entire Campus community to familiarize themselves with all of this information.

# PREMIER BARBER INSTITUTE

## **Drug-Free Workplace Policy**

PREMIER BARBER INSTITUTE takes seriously the need to enforce rules and laws prohibiting the illicit use of drugs and alcohol on campus and at College-sponsored events. In accordance with the Drug-Free Workplace Act of 1988, the Drug-Free Schools and Communities Act Amendments of 1989, PREMIER BARBER INSTITUTE has adopted this anti-drug and alcohol abuse policy for its employees and students.

The School prohibits the unlawful manufacture, distribution; dispensing, possession, or use of a controlled substance in or on PREMIER BARBER INSTITUTE owned or controlled property. The School prohibits employees (and students) from being under the influence of illegal drugs on School owned or controlled property. Any faculty member, staff member, or student employee who is found to be in violation of this policy will be subject to appropriate disciplinary action pursuant to School policies and consistent with local, state, and federal laws. Such disciplinary action may include counseling, mandatory participation in an appropriate rehabilitation program, a verbal or written warning, and suspension from or termination of employment.

PREMIER BARBER INSTITUTE offers supervisors the opportunity to participate in drug awareness education and provides for the dissemination of drug awareness information to all members of the PREMIER BARBER INSTITUTE community. Faculty and staff may seek confidential referral, information on insurance coverage, and other information regarding support services from the Office of Human Resources.

Any faculty member, staff member, student or student employee engaged in activities must report any criminal conviction related to possession or use of a controlled substance in the workplace to the Office of Human Resources or to the Campus Director, whichever is appropriate, within five calendar days of conviction. The term "conviction" means a finding of guilt (including a plea of nolo contendere) or imposition of sentence or both by any judicial body charged with responsibility to determine violations of state or federal criminal drug statutes. PREMIER BARBER INSTITUTE is obligated to notify the appropriate federal contracting agency within 10 days of receipt of notice of an employee conviction.

Compliance with the drug-free workplace policy (as described in this paragraph), and with the reporting requirement in the case of employees engaged in federally supported activities, is a condition of employment at PREMIER BARBER INSTITUTE. Any employee found in possession of illegal drugs or paraphernalia is subject to termination of employment as well as prosecution, as allowed by law.

## **Drug-Free Schools and Communities Act Amendments of 1989 Policy Statement**

PREMIER BARBER INSTITUTE does not permit or condone the illicit or unauthorized possession, use, consumption, sale, or distribution of illicit drugs and/or alcohol by students or employees on School property or as part of any School-sponsored activity. Faculty and staff who are found in violation of this policy will be subject to appropriate disciplinary action consistent with local, state, and federal laws. Such disciplinary action may include counseling, mandatory

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participation in an appropriate rehabilitation program, a verbal or written warning, suspension from employment, or termination of employment. In addition, faculty and staff may be referred to appropriate law enforcement authorities for prosecution.

### **Preventing Drug & Alcohol Abuse**

Preventing or delaying use of psychoactive drugs, alcohol, and tobacco among adolescents is a critical, national public health goal. The simplest and most cost-effective way to lower the human and societal costs of drug abuse is to prevent it in the first place. More than 255 million Americans do not use illegal drugs. Some sixty-one million Americans who once used illegal drugs have now rejected them; many suffered as a result of drug abuse. Accidents, addiction, criminal involvement, damaged relationships, impaired judgment, and lost educational or employment opportunities were common. Of the fourteen million Americans who currently use illegal drugs, some four million are chronic abusers. Preventing America's sixty-eight million children from using drugs, alcohol, and tobacco will help safeguard our society. Preventing drug abuse is one of the best investments we can make in our country's future. Doing so is preferable to dealing with the consequences of drug abuse through law enforcement or drug treatment.

Prevention is most promising when it is directed at impressionable youngsters. Adolescents are most susceptible to the allure of illicit drugs. Delaying or preventing the first use of illegal drugs, alcohol, and tobacco is essential. Not only does hazardous drug use put young people at risk of negative short-term experiences, but those who do not use illegal drugs, alcohol, or tobacco during adolescence are less likely to develop a chemical-dependency problem. Like education in general, drug prevention is demonstrably most effective among the young. In addition to deterring some initiations completely, drug prevention programs help people who use drugs to use smaller quantities. Successful substance-abuse prevention leads to reductions in traffic fatalities, violence, unwanted pregnancy, child abuse, sexually transmitted diseases, HIV/AIDS, injuries, cancer, heart disease, and lost productivity.

Evidence from controlled studies, national cross-site evaluations, and CSAP grantee evaluations demonstrates that prevention programs work. Good junior high school interventions affect knowledge and attitudes about drugs, use of cigarettes and marijuana, and persist into the twelfth grade. Examples of CSAP prevention successes are encouraging. A Cornell University study of six thousand students in New York state found that the odds of drinking, smoking, and using marijuana were 40 percent lower among students who participated in a school-based substance-abuse program in grades seven through nine than among their counterparts who did not. Similarly, an assessment of Project STAR found that forty-two participating schools in Kansas City, Missouri reported less student use of alcohol, tobacco, and marijuana than control sites.

Prevention programs are not vaccinations that inoculate children against substance abuse. Sadly, significant numbers of young people who participate in the best programs will go on to use drugs. The "no-use" message must be reinforced consistently by parents, teachers, clergy, coaches, mentors, and other care givers. The effectiveness of prevention is difficult to measure given the lag time from when a young person goes through a program and when he or she starts using drugs. MTF historical data, for example, demonstrates that marijuana use among

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adolescents tends to change in inverse proportion to the percentage of youths who disapprove of marijuana use or perceive such use to be risky. According to MTF data, drug-usage rates change two years after attitudes. Prevention affects the number of new and light users much more than it does the number or consumption patterns of heavy users. Finally, since rates of drug use seem to spread in a manner similar to an epidemic, prevention will be more effective when undertaken early in the cycle when use is proliferating with existing users introducing others to drugs. At this time, enabling one person to abstain can prevent other initiations. Rather than be reactive, prevention programs should be proactive and reach each rising cohort.<sup>11</sup>

### **The Central Role of Parents**

While all parents are critical influencers of children, parents of children aged eight to twelve are especially influential. Children in this age group normally condemn drug use. Such attitudes and attendant behavior are easily reinforced by involved parents. Parents, who wait to guide their children away from drugs until older ages when youngsters are more readily influenced by peers or may have started using alcohol, tobacco, and other drugs, decrease their ability to positively influence children.

Parental example is a determinant of adolescent drug use. Children whose parents abuse alcohol or other drugs face heightened risks of developing substance-abuse problems themselves. There are an estimated eleven million such children under age eighteen in the United States. Every day, these youngsters receive conflicting and confusing messages about substance abuse. Nevertheless, specially crafted prevention messages can break through the levels of denial inherent in these families. SAMHSA's Children of Substance Abusing Parents program is developing community-based interventions services to reduce those risks.

Teachers, coaches, youth workers in all areas of life from faith communities to scouts, and extended family members also provide youth with important protection from drug abuse and support for positive parental training by modeling, teaching, and reinforcing positive behavior. Such "occasional perfectionists" are vital in touching the lives of children from chemically dependent families. Adult addiction can have a devastating impact on children. By taking small steps, adult mentors can make a permanent difference in the course of a child's life.

### **National Youth Anti-Drug Media Campaign**

The goal of this bipartisan five-year campaign is to use the full power of the media to educate and enable America's youth to reject illegal drugs. This goal includes preventing drug abuse and encouraging current users to quit. For three reasons, the campaign focuses on primary prevention, which means preventing drug use *before* it starts. First, primary prevention targets the underlying causes of drug use and therefore has the greatest potential to reduce the scope

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of the problem. Second, over time a primary prevention campaign will lessen the need for drug treatment, which is in short supply. Third, a media campaign has greater potential to affirm the anti-drug attitudes of youth who are not involved with drugs than to persuade experienced drug users to change their behavior.

The media have come to play an increasingly important role in public health campaigns due to their wide reach and ability to influence behavior. There is significant evidence that carefully planned mass media campaigns can reduce substance abuse by countering false perceptions that drug use is normative and influencing personal beliefs that motivate drug use. Media campaigns have been used to prevent or reduce consumption of illegal drugs and smoking along with risky behavior like driving under the influence of alcohol or without seat belts. For all their power to inform and persuade, the media alone are unlikely to bring about large, sustained changes in drug use. The anti-drug campaign will be truly successful only if media efforts are coordinated with initiatives that reinforce one another in homes, schools, and communities.

The anti-drug media campaign began in January 1998 in twelve test sites and was expanded nationwide in July. Once ads began to run in the twelve test sites anti-drug awareness increased and requests for anti-drug publications increased by more than 300 percent. The campaign harnesses a diverse mix of television, video, radio, Internet, and other forms of new media to deliver anti-drug messages. Its objectives are "universal," aiming at all adolescents, parents, and primary care-givers. Messages and channels through which they are being delivered are tailored for specific regional, ethnic, cultural, gender, and age differences among members of the target audiences. Paid and public-service advertising, news, public-affairs programming, and entertainment venues are being used in the media campaign. So far, media outlets are matching paid advertisements with public-service time for advertisements and pro-bono programming content. Public-service advertising space generated by the paid campaign is being dedicated to messages that target underage drinking and smoking, as well as other messages related to the campaign's communications objectives. We have also developed partnerships with a broad range of community and civic groups, professional associations, government agencies, and corporations.

In 1998, thirty television programs focused on themes and messages supportive of the campaign. While the campaign's goal was to reach 90 percent of the target audience with four messages a week, by January 1999, 95 percent of the target audience was receiving seven anti-drug messages a week.

### **Safe and Drug-Free Schools and Communities**

The Department of Education's Safe and Drug-Free Schools and Communities Program (SDFSP) provides funds for virtually every school district to support drug and violence prevention programs and to assist in creating and maintaining safe learning environments. The President has announced his intention to overhaul the program to improve its effectiveness. The proposal will require schools to adopt effective drug and violence policies and programs, annual safety and drug use report cards, links to after school programs, and efforts to involve parents. The Department has already implemented principles of effectiveness which require that all SDFSP-



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funded programs be research-based. The program is moving in a direction designed to ensure that SDFSP fund recipients, including governors, state education agencies, local education agencies, institutions of higher education, and community organizations, adopt programs, policies and practices that are based on research and evaluation. To assist in the identification and adoption of effective approaches, an expert review panel will identify promising or exemplary drug and violence prevention programs. The new Drug Prevention and School Safety Program Coordinators initiative will help school districts recruit, hire, and train drug and violence prevention coordinators in middle schools. Coordinators will be responsible for identifying promising drug and violence prevention programs and strategies; assisting schools in adopting the most successful strategies; developing, conducting and analyzing assessments of school drug and crime problems; working with community resources to ensure collaboration; and providing feedback to state educational agencies on programs and activities that have proven to be successful in reducing drug use and violent behavior.

### **Mentoring Initiative**

This CSAP initiative will implement a national mentoring program to focus on some of the problems young people face, including alcohol and drug abuse. Adult mentors will be recruited and trained to reach at-risk youth in at least four states through demonstration programs. If evaluations prove positive, the program will be expanded to more states by FY 2004. The National Family Strengthening Initiative will help communities adopt effective, science-based programs to strengthen tutoring and mentoring, both of which enhance youth resiliency and reduce psychosocial factors that put families at risk.

### **Child Welfare and Welfare Reform**

The safety of children and well-being of families are jeopardized by the strong correlation between chemical dependency and child abuse. Several studies have recently found that approximately two-thirds of the over 500,000 children in foster care have parents with substance-abuse problems. Yet, according to the Child Welfare League of America, last year only 10 percent of child welfare agencies were able to locate treatment within a month for clients who needed it. According to SAMHSA, 37 percent of substance-abusing mothers of minors received treatment in the past year. A new federal law regarding adoption and child welfare, the Adoption and Safe Families Act (P.L. 105-89), makes it essential that substance-abuse services for parents be provided promptly if parents are to be afforded realistic opportunities for recovery before children in foster care are placed for adoption.

In addition to compromising parents' ability to care for their children, substance abuse may also interfere with parents' capacity to acquire or maintain employment. An estimated 15 to 20 percent of adults receiving welfare have substance-abuse problems that interfere with employment. Yet our welfare systems do not adequately address substance abuse and its familial consequences. If prevention and treatment are not provided to this high-risk population, the same families will remain extensively involved in the welfare and criminal-justice systems at great cost to society and with devastating emotional consequences for affected children.

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Welfare agencies are generally inexperienced in dealing with substance-abuse issues and may need technical assistance to identify addiction and make appropriate referrals.

### **Youth Substance Abuse Prevention Initiative**

SAMHSA/CSAP coordinates this HHS-wide initiative that is designed to reduce marijuana use by twelve to seventeen year-olds. Major components of the initiative are regional Centers for the Application of Prevention Technologies (CAPTs) and State Incentive Grants (SIGs). CAPTs provide states and communities technical assistance and information about research-based prevention. SIGs encourage collaboration with private and community-based organizations. Nineteen grants have already been awarded to states.

### **Youth Tobacco Initiative**

The Youth Tobacco Initiative is a multifaceted HHS campaign, coordinated by the Centers for Disease Control and Prevention (CDC). Its purpose is to reduce availability of and access to tobacco and the appeal of tobacco products to youth. The campaign includes funding for tobacco prevention and cessation programs, research, legislative initiatives, regulation, and enforcement. It is supported by the FDA, NIH, and SAMHSA. The FDA, under the Food, Drug and Cosmetics Act, regulates and enforces federal age and identification requirements regarding the sale of tobacco products. The FDA also conducts an extensive advertising campaign to deter retailers from selling tobacco products to minors. The NIH, through the National Cancer Institute, NIDA, and others supports biomedical and clinical research on tobacco. SAMHSA, through its Substance Abuse Prevention and Treatment (SAPT) Block Grant, administers the SYNAR Amendment which requires state legislative and enforcement efforts to reduce the sale of tobacco products to minors. Since the enactment of SYNAR in 1994, states have increased their retailer compliance rates from approximately 30 percent to 74 percent in 1998.

States are at the forefront of efforts to prevent tobacco use by youth. Arizona, California, Florida, and Massachusetts are conducting paid anti-tobacco media campaigns, restricting minors' access to tobacco, limiting smoking in public places, and supporting school-based prevention.

CDC provides funding for state health departments and national organizations to conduct tobacco use prevention and reduction programs including media and educational campaigns, training, and surveys. CDC's Office on Smoking and Health has developed a four-point prevention and control strategy to support state campaigns and provides. CDC's Media Campaign Resource Center provides states television and radio advertisements as well as printed material. A critical federal responsibility is the diffusion of science-based models and strategies in support of state and community efforts. Accordingly, CDC funds evaluations of specific programs and disseminates information to the public. CDC's *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction*, for example, includes recommendations on school tobacco-use policies, tobacco prevention education, teacher training, family involvement, tobacco-use cessation programs, and evaluation.

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### **Youth Alcohol Use Prevention**

Alcohol is by far the drug of choice among American youth. Although the legal drinking age in all states is twenty-one, preliminary data from the 1997 NHSDA indicates that more than 50 percent of young adults age eighteen to twenty are consuming alcohol and more than 25 percent report binge drinking (five or more drinks on the same occasion) in the past month. Of those reporting binge drinking, close to half are considered heavy drinkers. Rates of alcohol use, binge drinking, and heavy alcohol use increase dramatically in early teen years rising from 6.7 percent among twelve and thirteen year-olds, to 21.1 percent among fourteen and fifteen year-olds, to 33.4 among sixteen and seventeen year olds. Data from NIAAA's National Longitudinal Alcohol Epidemiologic Survey provides convincing evidence that the younger an individual is when drinking begins, the greater the chances are of developing substance-abuse problems in the future.<sup>12</sup> The risk for many alcohol-related illnesses rises with the quantity and frequency of alcohol consumption. Other adverse consequences include motor vehicle crashes, injuries, high-risk activities, unprotected sex, violence, crime, and costs to society for police, courts, and jails.

NIAAA has a number of specific initiatives underway to address youth alcohol use including: Alcohol Screening Day, NIAAA National Advisory Council's Subcommittee on College Drinking, Kettering Foundation National Issue Forums on alcohol, and the Surgeon General's Initiative on Underage Drinking.

SAMHSA/CSAP, in collaboration with NIAAA, is supporting a five-year research grant program entitled *Effects of Alcohol Advertising on Underage Drinking* which explores short- and long-term relationships among youth of exposure to alcohol advertising, alcohol expectancies and other mediating variables, and actual consumption of alcohol by youth. CSAP, NIAAA, and the Department of Education are supporting another five-year grant program entitled *Prevention of Alcohol-Related Problems among College Students* which will identify, test, and/or develop interventions which are effective in the prevention and reduction of alcohol-related problems among college students. SAMHSA supports activities to reduce underage alcohol consumption through its substance abuse prevention grants.

### **Standards of Conduct**

The use of illegal drugs and/or alcohol, in any form, is strictly prohibited. Any student who exhibits evidence of drug/alcohol abuse or intoxication on School grounds is subject to disciplinary action, suspension and/or expulsion, and will be prosecuted to fullest extent that the law allows. Possession of drug paraphernalia is subject to the State Laws that govern the location of the Campus- PA. Students are required to sign the acknowledgement of receipt of the Drug Prevention/Awareness policy required by the DRUG FREE WORKPLACE ACT of 1988.

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### **Health Risks of Drug and Alcohol Abuse**

#### **Alcohol Use and Abuse**

Alcohol-related automobile accidents are the number one cause of death among people ages 15 through 24. Approximately 50 percent of all youthful deaths from drowning, fires, suicide, and homicide are alcohol-related. Furthermore, alcohol and other drug use is often a factor in date rape.

Repeated use of alcohol can lead to physical and psychological dependence. Dependent persons who suddenly stop drinking are likely to suffer withdrawal symptoms, including severe anxiety, tremors, hallucinations, and convulsions. Alcohol withdrawal can be life threatening. Long-term consumption of large quantities of alcohol, particularly when combined with poor nutrition, can also lead to permanent damage to vital organs such as the brain and the liver.

Mothers who drink alcohol during pregnancy may give birth to infants with fetal alcohol syndrome. These infants have irreversible physical abnormalities and mental retardation. In addition, research indicates that children of alcoholic parents have an increased risk of becoming alcoholics themselves.

#### **Use of Illicit Drugs**

Drugs interfere with the brain's ability to take in, sort, and synthesize information. They distort perception, which can lead users to harm themselves or others. Drug use also affects sensation and impairs memory. In addition to these general effects, specific health risks associated with particular types of drugs are discussed below.

**Cocaine/Crack:** Cocaine use is the fastest growing drug problem in the United States. One reason for this is the ready availability of cocaine in a cheap but potent form called crack or rock. Cocaine stimulates the central nervous system. Its immediate effects include dilated pupils and elevated blood pressure, heart rate, respiratory rate, and body temperature. Occasional use can cause a stuffy or runny nose, while chronic use can ulcerate the mucous membrane of the nose. Injecting cocaine with contaminated equipment can cause Acquired Immune Deficiency Syndrome (AIDS), hepatitis, and other diseases.

Preparation of freebase, which involves the use of volatile solvents, can result in death or injury from fire or explosion. Cocaine can produce psychological and physical dependency, a feeling that the user cannot function without the drug. In addition, tolerance develops rapidly thus leading to higher and higher doses to produce the desired effect.

Crack or freebase rock is a purified form of cocaine that is smoked. Crack is far more addictive than heroin or barbiturates. Repeated use of crack can lead to addiction within a few days. Once addicted, many users have turned to stealing, prostitution, and drug dealing in order to support their habit. The effects of crack are felt within 10 seconds. The physical effects include dilated pupils, increased pulse rate, elevated blood pressure, and insomnia, loss of

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appetite, tactile hallucinations, paranoia, and seizures. Continued use can produce violent behavior and psychotic states similar to schizophrenia.

Cocaine in any form, but particularly in the purified form known as crack, can cause sudden death from cardiac arrest or respiratory failure.

**Marijuana:** Marijuana use causes a substantial increase in the heart rate, bloodshot eyes, a dry mouth and throat, increased appetite, and it may impair short-term memory and comprehension, alter sense of time, and reduce ability to perform tasks requiring concentration and coordination, such as driving a car. Research also shows that motivation and cognition may be altered, making the acquisition of new information difficult. When marijuana contains 2 percent Tetrahydrocannabinol (THC), it can cause severe psychological damage, including paranoia and psychosis. Since the early 1980s, most marijuana has contained from 4 to 6 percent THC - two or three times the amount capable of causing serious damage.

Because users often inhale the unfiltered smoke deeply and then hold it in their lungs as long as possible, marijuana is damaging to the lungs and pulmonary system. Marijuana smoke contains more cancer-causing agents than tobacco smoke.

Long-term users of marijuana may develop psychological dependence and require more of the drug to get the same effect. The drug can become the center of their lives.

**Narcotics:** Narcotics such as heroin, codeine, and morphine often cause drowsiness, nausea, and vomiting. Users also may experience constricted pupils, watery eyes, and itching. An overdose may produce slow and shallow breathing, clammy skin, convulsions, coma, and possible death. Tolerance to narcotics develops rapidly and dependence is likely. The use of contaminated syringes may result in diseases such as AIDS, endocarditis, and hepatitis. For pregnant women, addiction can lead to premature, stillborn, or addicted infants who experience severe withdrawal symptoms.

**Amphetamines/Other Stimulants:** Amphetamines (speed, uppers) and other stimulants can cause increased heart and respiratory rates, elevated blood pressure, dilated pupils, and decreased appetite. In addition, users may experience sweating, headache, blurred vision, dizziness, sleeplessness, and anxiety. Extremely high doses can cause a rapid or irregular heartbeat, tremors, loss of coordination, and even physical collapse. An amphetamine injection creates a sudden increase in blood pressure that can result in stroke, very high fever, or heart failure.

In addition to the physical effects users report feeling restless, anxious, and moody. Higher doses intensify the effects. Persons who use large amounts of amphetamines over a long period of time can develop an amphetamine psychosis that includes hallucinations, delusions and paranoia.

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**Barbiturates/Other Depressants:** Barbiturates (downers), methaqualone (quaaludes), tranquilizers (valium), and other depressants have many of the same effects as alcohol. Small amounts can produce calmness and relaxed muscles, but somewhat larger doses can cause slurred speech, staggering, and altered perception. Very large doses can cause respiratory depression, coma, and death. The combination of depressants and alcohol can multiply the effects of the drugs, thereby multiplying the risks.

The use of depressants can cause both physical and psychological dependence. Regular use over time may result in a tolerance to the drug, leading the user to increase the quantity consumed. When regular users suddenly stop taking large doses, they may develop withdrawal symptoms ranging from restlessness, insomnia, and anxiety, to convulsions and death.

Babies born to mothers who abuse depressants during pregnancy may be physically dependent on the drugs and show withdrawal symptoms shortly after they are born. Birth defects and behavioral problems also may result.

**Hallucinogens:** Phencyclidine (PCP, Angel Dust) interrupts the functions of the part of the brain that controls the intellect and keeps instincts in check. Because the drug blocks pain receptors, violent PCP episodes may result in self-inflicted injuries. The effects of PCP are unpredictable and can vary, but users frequently report a sense of distance and estrangement. Time and body movements are slowed down. Muscular coordination worsens and senses are dulled. Speech is blocked and incoherent. Chronic users of PCP report persistent memory problems and speech difficulties. Mood disorders - depression, anxiety, and violent behavior - also occur. In later stages of chronic use, users often exhibit paranoid and violent behavior and experience hallucinations. Large doses may produce convulsions and coma, as well as heart and lung failure.

**Lysergic acid:** LSD, Acid, mescaline, and psilocybin (mushrooms) cause illusions and hallucinations. The physical effects may include dilated pupils, elevated body temperature, increased heart rate and blood pressure, loss of appetite, sleeplessness, and tremors. Sensations and feelings may change rapidly. It is common to have a bad psychological reaction to LSD, mescaline, and psilocybin. The user may experience panic, confusion, suspicion, anxiety, and loss of control. Delayed effects or flashbacks can occur even after use has ceased.

**Designer Drugs:** Designer drugs are produced by underground chemists who attempt to avoid legal definitions of controlled substances by altering their molecular structure. These drugs can be several hundred times stronger than the drugs they are designed to imitate. Some of the designer drugs have been known to cause permanent brain damage with a single dose.

Many of the so-called designer drugs are related to amphetamines and have mild stimulant properties but are mostly euphorants. They can cause nausea, blurred vision, chills or sweating, and faintness. Psychological effects include anxiety, depression, and paranoia. As little as one dose can cause severe neurochemical brain damage. Narcotic designer drugs can cause symptoms such as those in Parkinson's disease: uncontrollable tremors, drooling, impaired speech, paralysis, and irreversible brain damage.

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**Inhalants:** The immediate negative effects of inhalants (laughing gas, whippets) include nausea, sneezing, coughing, nosebleeds, fatigue, lack of coordination, and loss of appetite. Solvents and aerosol sprays also decrease the heart and respiratory rates and impair judgment. Amyl and butyl nitrite cause rapid pulse, headaches, and involuntary passing of urine and feces. Long-term use may result in hepatitis or brain damage.

Deeply inhaling the vapors, or using large amounts over a short time, may result in disorientation, violent behavior, unconsciousness, or death. High concentrations of inhalants can cause suffocation by displacing the oxygen in the lungs or by depressing the central nervous system to the point that breathing stops.

Long-term use can cause weight loss, fatigue, electrolyte imbalance, and muscle fatigue. Repeated sniffing of concentrated vapors over time can permanently damage the nervous system.

**Anabolic Steroids:** Steroid users subject themselves to more than 70 side effects ranging in severity from liver cancer to acne and including psychological as well as physical reactions. The liver and the cardiovascular and reproductive systems are most seriously affected by steroid use. In males, use can cause withered testicles, sterility, and impotence. In females, irreversible masculine traits can develop along with breast reduction and sterility. Physical effects in both sexes include jaundice, purple or red spots on the body, swelling of feet or lower legs, trembling, unexplained darkening of the skin, and persistent unpleasant breath odor. Psychological effects in both sexes include very aggressive behavior known as "roid rage" and depression. While some side effects appear quickly, others, such as heart attacks and strokes, may not show up for years.

### **Alcohol & Drug Related Education and Rehabilitation**

Students may choose to contact various organizations directly. The following organizations may assist students:

- Alcoholics Anonymous 410-663-1922
- AL ANON Groups 410-832-7094
- AL-ANON/al-teen (800) 344-2666
- ALCOHOLICS ANONYMOUS
  - National Helpline (800) 821-4357
  - [www.alcoholics-anonymous.org](http://www.alcoholics-anonymous.org)
  - Facility placement, stabilization, counseling referrals.
- First Step to Recovery" Drug Abuse Hotline 1-800-905-8666
- Narcotics Anonymous (meeting times and locations) 1-800-317-3222
- National Institute on Drug & Alcohol Treatment Referral Service 1-800-662-HELP (4357)
- National Institute on Alcohol Abuse and Alcoholism (NIAAA) web page, College Drinking section [www.niaaa.nih.gov](http://www.niaaa.nih.gov)

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- National Institute on Drug Abuse (NIDA) web page, Students and Young Adults section [www.drugabuse.gov](http://www.drugabuse.gov)
- NA Recovery web page [www.na.org](http://www.na.org)
- Mary Davis Mental Health & Counseling 3608 Lancaster Pike, Wilmington DE 19805

### **Federal, State and Local Sanctions**

#### **Illicit Drugs**

Students and employees at PREMIER BARBER INSTITUTE are subject to Federal, state, and local laws for the possession and distribution of illegal drugs.

Federal law 21 USC, sections 841 and 844–845a (1990), states that it is unlawful to possess any controlled substance, including marijuana, cocaine, and heroin, for any illegal purpose. If the substance is cocaine, or contains a cocaine base, the penalty for simple possession is a fine and/or imprisonment from 5 to 20 years. For other illegal drugs, the penalty for simple possession is a fine of at least \$1,000 and/or imprisonment for up to 3 years. The penalties increase if the possession includes intent to manufacture, distribute, or dispense a controlled substance, especially if done so near a public or private elementary, vocational, or secondary school, or a public or private college or university. Additionally, any person who violates this law shall also be liable to the United States for an amount up to \$10,000 in civil penalties.

### **Federal Penalties and Sanctions for Possession of a Controlled Substance**

*(From the Federal Register, Vol. 55, No. 159, August 16, 1990)*

#### **21 U.S.C. 844**

1st conviction: Up to one year imprisonment and fined at least \$1,000, or both.

After 1 prior drug conviction: At least 15 days in prison, not to exceed 2 years, and fined at least \$2,500.

After 2 or more prior drug convictions: At least 90 days in prison, not to exceed 3 years, and fined at least \$5,000.

Special sentencing provisions for possession of substance with a cocaine base: Mandatory 5 years in prison or more, not to exceed 20 years, and fined a minimum of \$1,000, or both if:

- (a) First conviction and the amount of crack possessed exceeds 5 grams.
- (b) Second crack conviction and the amount of crack possessed exceeds 3 grams.
- (c) Third or subsequent crack conviction and the amount of crack possessed exceeds 1 gram.

*21 U.S.C. 853(a)(2) and 881(a)(7)*



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Forfeiture of personal and real property used to possess or to facilitate possession of a controlled substance if that offense is punishable by more than one-year imprisonment.

*21 U.S.C. 881(a)(4)*

Forfeiture of vehicles, boats, aircraft, or any other conveyance used to transport or conceal a controlled substance.

*21 U.S.C. 862*

Denial of Federal benefits, such as student loans, grants, contracts, and professional and commercial licenses, up to one year for first offense, up to five years for second and subsequent offenses.

*16 U.S.C. 922(g)*

Ineligible to receive or purchase a firearm.

### **Pennsylvania**

The purchase, consumption, transportation or possession of alcoholic beverages by a person under 21 is punishable by fines of up to \$500 and loss of driving privileges in Pennsylvania. Misrepresentation of age to purchase alcohol and altering, selling or manufacturing of false identification is also punishable by minimum fines of \$1,000 and loss of driving privileges. The selling or furnishing of alcoholic beverages to those under 21 is punishable by a mandatory fine of \$1,000 for the first offense and \$2,500 for each subsequent violation. Lying about age to obtain alcohol, making a false ID and furnishing alcohol to individuals under age 21 are misdemeanor offenses.

The legal sanctions for the unlawful possession, use or distribution of illicit drugs are more diverse than the sanctions governing alcohol. They may vary from fines for first time misdemeanor offenses involving simple possession of certain substances to felony counts and multiple year terms of imprisonment for more serious violations.

The unlawful possession of less than 30 grams of marijuana or less than 8 grams of hashish, for example, is a misdemeanor and may carry a maximum jail sentence of 30 days and/or a fine of \$500. The manufacture, delivery or possession with intent to manufacture or deliver heroin and other narcotics is a felony and carries a maximum jail sentence of 15 years and/or \$250,000 fine.

A more complete summary of penalties related to alcohol and illicit drugs may be found online at the U.S. Drug Enforcement Administration and the Pennsylvania Liquor Control Board.

Individuals seeking legal advice regarding drug or alcohol laws should consult legal counsel.



## CREDIT BALANCE AUTHORIZATION FORM

Title IV funds awarded at Premier Barber Institute are federal funds that are used to pay tuition and fees. Additionally, students may authorize Premier Barber Institute to apply any excess funds to satisfy other charges beyond tuition and fees (such as books, kits, supplies and other charges) for all Award Years that are applicable for student's period(s) of enrollment.

### AUTHORIZATION

I hereby authorized Premier Barber Institute to apply or hold the proceeds of financial aid awards made to me, including federal title IV aid (Pell, Federal Direct Stafford Loans and Federal PLUS loan as well as any other source of funds. This authorization shall remain in effect for the entire period during which I am enrolled at the institution.

**I do** authorize Premier Barber Institute to hold and/or apply any credit balances derived from Federal funds and other sources of aid to other non-institutional charges (such as books, kits, supplies and other charges).

**I do not** authorize Premier Barber Institute to apply any credit balances derived from Federal funds and other sources of aid to other non-institutional charges (such as books, kits, supplies and other charges).

**I do** authorize Premier Barber Institute to hold any credit balances remaining on my account after all charges have been applied against available funds. (Federal Parent PLUS loan refunds will be issued to the parent borrower.)

**I do** authorize Premier Barber Institute to return any credit balances to the appropriate lender to reduce my loan debt after all charges have been applied against available funds.

I understand that I may revoke my authorization at any time by notifying Financial Aid office in writing.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
DATE