

Dual Enrollment Student Authorization for Release of Information

Name:		
Last	First	Middle
College Student ID#:		
gh School: Date of Birth:		Date of Birth:
Dual Credit (taking same course for both high	school and college credit)	
The Dual Credit Program is a joint program betw school. As a joint program, the college and you attendance and grades earned in college classe college at which you are enrolling will be releas below.	ur high school have determined t es be shared with your high scho	that it is administratively necessary for ol. No academic information from the
College-Credit-Only (taking college credit cours	se only)	
The release of student information to a student State and Federal laws governing those separat information to your parents unless you express	te institutions. As a result of suc	ch laws, the college will not release
Please check the appr	ropriate boxes and <u>complete the date o</u>	<u>fauthorization</u> .
Information to Release to Parent\Guardia	n	
I hereby authorize the college to discuss and/c designated below.	or release the following informa	ation to my parent(s)/guardian(s) as
☐ Grades ☐ Bills ☐ Attendance ☐ Enrollmo	ent Conduct Health or Sa	afety Information
Additional information to be released:		
Name of designated Parent(s)/Guardian(s)		
Name of designated Parent(s)/Guardian(s) Please type or print clean		pe or print clearly
Date of Authorization:	Student's consent expires at end	l of 1 year from date of Student Signature
Approval		
Student Signature		Data