DUAL ENROLLMENT CONSENT FORM
(THIS IS NOT AN APPLICATION)

Name : _____ _____ _____
LAST FIRST MI

Date of Birth: _____

Semester & Year: _____

CONSENT FOR DUAL ENROLLMENT:
(PARENTAL / GUARDIAN CONSENT)

I give permission for_____to take Dual Enrollment classes with Williamson College. I understand that grant or other financial support for Dual Enrollment may not completely cover costs. I under that I will be responsible for payment of tuition, fees, books and other materials and expenses associated with these classes. I understand that, due to federal regulations, federal aid and regular college scholarships are not available for Dual Enrollment students.

_____ _____ _____
PARENT/GUARDIAN SIGNATURE DATE BILLING ADDRESS

AUTHORIZATION TO DISCLOSE ACADEMIC INFORMATION:

Federal Law prohibits a college from discussing any information about a student without a written signed release from the student.

Student FERPA Release:
I give my permission for Williamson College to release information to my high school officials and my parents or legal guardians, regarding attendance, grades, dual enrollment grant and fee payment information until I graduate from high school.

_____ _____
STUDENT SIGNATURE DATE

PRINCIPAL / GUIDANCE COUNSELOR CONSENT:

I certify that the above-named student has my permission to participate in the Dual Enrollment program provided by Williamson College.

This student's Grade Point Average (GPA) is_____on a 4.0 scale.

Official documents must be sent from the high school to Williamson College. These may be emailed directly from the school official to: admissions@williamsoncc.edu for the applicant's file.

_____ _____
PRINCIPAL or GUIDANCE COUNSELOR DATE

OFFICIAL DOCUMENTS INCLUDE:

- Transcript
- ACT/PLAN/SAT Scores
- This Form Sheet