

CCAC Dual Enrollment Parent and High School Authorization Form

Student Name: _____ Student Date of Birth: _____

Semester in which you are enrolling: _____

For Completion by Student's Parent/Guardian

I authorize the above named student to participate in the CCAC Dual Enrollment Program.

Parent/Guardian Signature _____ Date _____

This signatures also gives CCAC permission to disclose student's grade/s to the school district.

For Completion by Student's High School Official/Home Schooled Representative

We authorize the above named student to register for courses at the Community College of Allegheny County.

High School Official/Home Schooled Representative Signature _____ Title _____ Date _____

Print Name _____ Phone _____ Email _____

Current High School GPA _____ Initial _____

Payment to be made by Parent/Student Other _____

A copy of the student's high school transcript must be enclosed. Return both form and transcript to the Admissions office at the campus the student plans to attend.

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For Completion by CCAC Associate Academic Dean (for students who are not 16 years of age or are rising juniors or seniors while enrolled at CCAC)

I authorize the above named student to register for courses at the Community College of Allegheny County.

Print Name _____ Signature _____ Date _____



Our Goal is Your Success