

Parent/Guardian Consent & FERPA Release Form

This form is required for any student who will be dual enrolling at WCC This form needs to be submitted once, as part of the application process. Please allow 1-2 business days for processing.

As the Parent/Legal Guardian of:	As th	e Par	ent/Le	egal (Guar	dian of:
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STUDENT NAME:

STUDENT WCC ID NUMBER:					
I hereby consent to his/her enrollment as a stude consent, I hereby acknowledge and accept the f	ent at Washtenaw Community College ("WCC"). In addition to such following conditions of enrollment:				
My student will be subject to the rules, regu	My student will be subject to the rules, regulations, and policies of WCC.				
My student will be interacting socially with adult college students, and WCC is not responsible for these social interactions.					
	My student may be exposed to discussions, readings, and visual materials of a mature nature and will be expected to conform to the same performance standards as any other college student as set forth in course outlines and syllabi.				
 WCC and its employees, faculty, agents, stu individual monitoring of my student while it 	udents, and trustees shall not be responsible for the supervision and n attendance at WCC.				
Parent/Legal Guardian Information:					
NAME:	PHONE NUMBER:				
EMAIL:					
each student, regardless of the student's a	Act (FERPA) Release of Information Form must be signed by age. Judent name)				
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NCC academic records, including attendan	c) staff and faculty permission to share information contained in rce, and finance records with:				
(print hig	gh school name)				
Rights and Privacy Act. This release of info	ion pursuant to my rights under the Family Educational rmation is only valid while attending the above high school student. Staff and employees will be instructed to maintain sted.				
STUDENT SIGNATURE:	DATE:				
I agree for my student to be enrolled WCC	at WCC and be held to the rules, regulations and policies o				
PARENT/GUARDIAN SIGNATURE:	DATE:				