

DUAL ENROLLMENT STUDENT AUTHORIZATION FOR RELEASE OF INFORMATION



Full Legal Name: _____
Last First Middle

MSU Billings Student ID# (if known): _____

High School (if Home School please indicate): _____

Date of Birth (mm-dd-year): _____

Parent/Guardian Name: _____ **Phone:** _____

High School Connections *(taking same course for both high school and college credit)*

The Dual Credit Program is a joint program between a college of the Montana University System (MUS) and your high school. As a joint program, the college and your high school have determined that it is administratively necessary for attendance and grades earned in college classes be shared with your high school. No academic information from the college at which you are enrolling will be released to your parents unless you expressly consent to such disclosure below.

University Connections *(taking college credit course only)*

The release of student information to a student's parents, by either the high school or college, will be governed by the State and Federal laws governing those separate institutions. As a result of such laws, the college will not release information to your parents unless you expressly consent to such disclosure below.

Please check the appropriate boxes and complete the date of authorization.

Information to Release to Parent\Guardian

I hereby authorize the college to discuss and/or release the following information to my parent(s)/guardian(s) as designated below.

Grades Bills Attendance Enrollment Conduct Health or Safety Information All

Additional information to be released: _____

Name of designated Parent(s)/Guardian(s): _____

Please type or print clearly

Date of Authorization: _____ *Student's consent expires upon High School Graduation*

Approval Student Signature : _____