

# Stark State College

## Office of Academic Outreach

6200 Frank Ave NW, North Canton, OH 44720  
(330) 494-6170 | www.starkstate.edu

### STUDENT PERMISSION FORM COLLEGE CREDIT PLUS ON CAMPUS

Please print in blue or black ink only.

STUDENT NAME \_\_\_\_\_ SSC STUDENT ID# \_\_\_\_\_

Enrollment Term:  Summer \_\_\_\_\_  Fall \_\_\_\_\_  Spring \_\_\_\_\_  
year year year

The purposes of this form are to ensure the student has permission from their high school to take classes on campus at Stark State College while still in high school and to provide signed authorization\* for Stark State College to release the student's education records to their high school. This release applies ONLY to a student's academic records.

*\*The purposes of the Federal Education Rights and Privacy Act of 1974 is to protect the privacy of information concerning individual students by placing restrictions on the disclosure of information contained in a student's education records.*

CRN	SUBJECT	NUMBER	COURSE TITLE	CREDIT HOURS	TIME	DAYS	CAMPUS
TOTAL CREDIT HOURS							

#### STUDENT/PARENT AGREEMENT

By signing below, I give my signed permission for Stark State College to release my educational records to the school district and high school listed below. I understand this release applies ONLY to my academic records, which includes current classes, academic standing, grades, early alerts, etc. We have received counseling services at our high school and are fully aware of the possible risks and consequences of participating in an early admissions program, including paying the cost of tuition and books should I not complete my coursework or receive a passing grade.

School District \_\_\_\_\_ High School \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardianship Signature \_\_\_\_\_ Date \_\_\_\_\_

#### HIGH SCHOOL APPROVAL

Current Grade Point Average (GPA) \_\_\_\_\_ Graduation Date \_\_\_\_\_

I have advised this student and his/her parents or legal guardian of the available options and ramifications involved in early college admission. Our school district approves of this student enrolling in courses at Stark State College.

Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Office Use Only:

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  Approved  Not Approved