

CCAC Dual Enrollment Parent/Guardian Authorization Form

Student Name: \_\_\_\_\_ Student Date of Birth: \_\_\_\_\_

High School: \_\_\_\_\_

Semester options include:
Fall - courses between August-December
Spring - courses between January-May
Summer - courses between May-August

Semester in which student is enrolling: \_\_\_\_\_

I authorize the above named student to participate in the CCAC Dual Enrollment/College in High School Program. I understand and agree that once my student is registered for classes at CCAC I become legally bound by and agree to the terms of the Community College of Allegheny County Student Financial responsibility agreement, and as such become responsible for all charges incurred, unless the classes are dropped during the designated refund period. I understand that the college is extending credit to my student and permitting him/her/they to register and enroll and attend classes in return for my promise to pay the college all tuition and fees incurred as a result of his/her/their registration, and that such extension of credit constitutes an educational loan or education benefit that is non-dischargeable under Section 523 (a) (8) of the United States Bankruptcy Code. I understand that failure to pay the student account or any monies due and owing CCAC may result in a financial hold place on the student's account preventing registration for future classes, release of transcripts and diplomas, and additional college services. Additionally I understand that failure to pay the student account or any monies due and owing CCAC will result in a \$15.00 late payment fee assessed to the account for each late payment and may result in the account being referred to a third party collection agency resulting in additional fees. Finally, I understand that all delinquent student accounts may be reported to one or more of the national credit bureaus.

Today's Date:

Parent/Guardian Signature

Signing here also gives CCAC permission to disclose student's grade/s to the school district.

\*For completion by CCAC's Director of Advising only

(for students who are not high school juniors or seniors.)

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

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

