



Admissions, Registration & Records  
411 N Grand Ave  
Lansing, MI 48933  
Phone: 517/483-1200  
Email: LCC-HSDualEnrollment@lcc.edu

## High School Graduate Under Age 18 Parent Approval Form

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ LCC ID #: \_\_\_\_\_

High School \_\_\_\_\_ HS graduation year: \_\_\_\_\_

Effective Semester: \_\_\_\_\_ Year: \_\_\_\_\_  
Spring (January) Summer (June) Fall (August)

### Note to Parents and Students

It is the responsibility of the student to provide this form to the Enrollment Services Office prior to enrollment in classes. Students who register prior to submitting this form are subject to being dropped from their courses. This form will remain in effect until the end of the semester in which the student reaches age 18. LCC requires basic skills assessment for all new students. A student may audit or take the course(s) for credit.

### Student FERPA Disclosure (Check one box only)

- I hereby allow the release of all aspects of my educational records, directory information (as allowed under the Family Educational Rights and Privacy Act), and student finance information to my parent/legal guardian shown below. All educational/financial records for this semester of attendance may be shared with him/her.
- I do not agree to allow my parent/legal guardian to have access to my educational records/directory information/student finance records.

\_\_\_\_\_  
Date:

Signature of Student

### Parent/Legal Guardian Approval

I confirm that my son or daughter will be a high school graduate and at least 16 years of age on the first day of the semester. Furthermore, I will assume financial responsibility for any and all costs associated with my child's attendance at Lansing Community College, if not covered by any other means. I waive any claim against Lansing Community College for injury, loss or damage whatsoever, caused by any person rendering any services of the program caused by outsiders. I understand that my son or daughter is participating in an adult educational environment and I hereby assume responsibility and hold Lansing Community College harmless for any adverse consequences of that participation. I understand that enrollment is contingent upon an available open seat in the course(s) selected.

\_\_\_\_\_  
Print Parent/Legal Guardian Name

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Email

\_\_\_\_\_  
Date

Completed forms may be emailed or mailed (see addresses at top of page) or delivered in person at the Star Zone in the Gannon Bldg. 2<sup>nd</sup> floor. Please allow two business days for processing.