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 _____ year ☐ Fall _____ year ☐ Spring _____ 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*