



**STUDENT CERTIFICATION AND PARENTAL & HIGH SCHOOL PERMISSION—Signatures are required:**

**STUDENT CERTIFICATION:**

I understand that if my participation in the College course appears to have a negative effect on my high school achievement, I may consult with the Coordinator of High School Programming, for academic advising.

Upon completion of my coursework, it is my responsibility to make arrangements for my transcript to be sent to the college I plan to attend.

In accordance with the Family Education Rights and Privacy Act of 1974, I give the Office of Records and Registration at Butler County Community College permission to release information from my academic record including mid-term/final grades and official transcript to the high school listed above for any College Within the High School course I may take through Butler County Community College. I also authorize representatives of the College, including my instructor, to discuss my progress with personnel employed by my home high school or my parents. This release will be in effect as long as I am a student at the above high school.

I certify that the above information is true and correct to the best of my knowledge.

✓ \_\_\_\_\_  
**STUDENT SIGNATURE** \_\_\_\_\_  
**DATE**

**PARENTAL AND HIGH SCHOOL PERMISSION:**

I feel that my child is academically, emotionally, and socially prepared to enroll in the College Within the High School program, and has the ability to benefit from it. I therefore give my permission for him/her and register for the above course(s).

✓ \_\_\_\_\_  
**PARENT SIGNATURE** \_\_\_\_\_  
**DATE**

I reviewed the course(s) for which the above student plans to register, and feel the registration will not interfere with the student's school schedule. I also feel that this student is academically, emotionally, and socially prepared to enroll in the College Within the High School program, and has the ability to benefit from it.

✓ \_\_\_\_\_  
**HIGH SCHOOL COUNSELOR OR PRINCIPAL SIGNATURE** \_\_\_\_\_  
**DATE**

- \*International Student: Are you a U. S. citizen? \_\_\_\_\_ If no, please complete:
- Permanent Resident Card #: \_\_\_\_\_
  - Foreign Student Country of Citizenship: \_\_\_\_\_
  - Other Type of Visa: \_\_\_\_\_
  - Country of Citizenship: \_\_\_\_\_

Butler County Community College is committed to providing equal opportunity in admissions and treatment of students, in educational programs for students, in employment opportunities and in governance of the College, without regard to race, color, religious creed, ancestry, national origin, handicap or disability, age, sex, sexual orientation, gender identity or expression, genetic information, veteran status, marital status, family status, or other classification protected by applicable law.

For information regarding equal education and employment opportunity including services, activities and facilities that are usable and accessible to disabled person, contact the Director of Human Resources, Butler County Community College by telephone at 724-287-8711, Ext. 8353, or in writing at P. O. Box 1203, Butler, PA., 16003-1203. If a student, employee, or applicant is physically or mentally disabled, he/she may request special services and accommodations. Information on the College's services for disabled students may be obtained from the Academic Center for Enrichment at Ext. 8327. Employees or applicants should contact the Human Resources Office at Ext. 8353 for more information.

<b>BC3 USE ONLY</b>
<b>RE-ADMIT:</b> _____
<b>NEW:</b> _____ <b>\$25 APP. FEE:</b> _____



# High School Programming

107 College Drive Butler, PA 16002

724-287-8711 ext. 8254

Fax: 724-287-3460

## STUDENT INFORMATION RELEASE AUTHORIZATION

The Family Educational Rights and Privacy Act (FERPA), a U.S. federal statute also known as the Buckley Amendment, regulates access to student educational records. The law:

- Provides eligible students the ability to review their educational records.
- Protects student privacy rights by limiting access to educational records without the express written consent of the student.

Information cannot be shared with others (including parents) unless the student formally gives permission by signing this Student Information Release Authorization Form.

### STUDENT INFORMATION (PLEASE PRINT)

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Email: \_\_\_\_\_

### PERSON GRANTED ACCESS (PLEASE PRINT)

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

### HIGH SCHOOL GRANTED ACCESS (PLEASE PRINT)

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

### CERTIFICATION

Signing this waiver grants permission to personnel of Butler County Community College to discuss with my parents/legal guardians, other person(s) I deem appropriate in any and all matters pertaining to my academic record. I understand this authorization has no expiration date; however, you may revoke your authorization, in writing, at any time while enrolled at BC3. Signed forms should be submitted to the Office of Records and Registration or any BC3 campus location.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Date Form Received: \_\_\_\_\_

Date Form Imaged: \_\_\_\_\_