

UNIVERSITY OF CENTRAL MISSOURI®

Release of Information/Signature Page

Student cannot be admitted if this form is not completed!

The University of Central Missouri cannot release information to anyone other than the student without authorization. This completed form, including student and parent/guardian signature, enables the named individuals to obtain information regarding the student's dual credit enrollment—tuition payment, balance, grade, etc. List below the names of parents, guardians, teachers, or other individuals, including school officials, granted access to your files. Name at least two persons.

I, _____, hereby authorize the following individuals access to information contained within my educational or confidential records at the University of Central Missouri:

(Parent/Guardian Name[s])

(Teacher/Facilitator Name)

(School Counselor Name)

I hereby authorize the University of Central Missouri (UCM) to admit and enroll me in the college course(s) indicated on the attached enrollment form. I agree and understand that I am responsible for the payment in full for the course(s). Subject to RSMo. §431.067, if I am unable to pay in full at said date, I hereby agree and understand that I am signing a legally binding contract to borrow money to pay for the necessary expenses of the course(s) of which I am enrolled. Furthermore, I agree and understand that full payment of the course(s) will be made prior to completion of the course(s). Failure to make such payments may result in UCM taking legal and/or collection actions against me and I understand and agree that any costs and fees associated with said actions will be paid for by me.

Student Signature _____ **Date** _____

I hereby authorize my child/student to enroll in the college credit course(s) indicated on the attached enrollment form. My child/student understands that he/she has been admitted to the University of Central Missouri, that he/she has been enrolled in a college course(s) and that he/she is responsible for paying for the course(s) in full. I hereby agree and understand that I will be held jointly and severally liable for any and all costs associated with course(s) to include legal and/or collection fees.

Parent/Guardian Signature _____ **Date** _____

In order to drop a class the student must obtain a drop form from the counselor or class instructor, fill it out and return it to our office prior to the refund/drop policy deadlines found at www.ucmo.edu/dualcredit.

This form must be completed in full or student will not be enrolled in course(s).