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## PARENT AUTHORIZATION FORM (DUAL ENROLLMENT)

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**Student's Legal Name** (please print): \_\_\_\_\_

**Student's ESCC ID#** \_\_\_\_\_

**Current Year: 20**\_\_\_

As a parent/guardian of the above-named student, I agree to allow any standardized test scores (SOL, PSAT, SAT, ACT, etc.) and high school transcript to be submitted to the Eastern Shore Community College. I also agree to allow placement testing and enrollment into dual enrollment classes with ESCC. I understand these classes are located at either the high school, ESCC campus or designated site.

Additionally, I understand that dual enrollment classes are college level classes and final grades will be part of my child's permanent college record. I further agree that all the information submitted on the application for admission to Eastern Shore Community College is complete and accurate and that as the parent/legal guardian, I am responsible for any debt incurred by the student while a minor.

**Parent/Guardian Legal Name** (please print): \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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