



1121- Enrollment Services
P.O. Box 40010
Lansing, Michigan 48901-7210
Phone: 517/483-1200 Fax: 517/483-1170

High School Graduate Under Age 18 Parent Approval Form

Student Last Name: _____ First Name: _____

Birth Date: _____ LCC ID #: _____

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.

Parent/Legal Guardian Approval

I confirm that my son or daughter will be a high school graduate and at least 16 years of age by 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 any injury, loss or damage whatsoever, caused by a third party not currently employed by LCC. 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: _____

Signature of Parent/Legal Guardian Date: _____

Student FERPA Disclosure

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 above. 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. I have included a signed non-disclosure form. (The non-disclosure form can be obtained by contacting the LCC Enrollment Services Department at (517) 483-1200.)

Signature of Student Date: _____