



Consent Form

The University of Arkansas at Little Rock Concurrent Enrollment Program provides enrichment opportunities for high school students who have excelled academically. As the parent (or legal guardian) of _____,
(Please print clearly and use full legal name of child)

I hereby consent to his/her enrollment in the University of Arkansas at Little Rock (UA Little Rock) Concurrent Enrollment (CE) Program. In addition to such consent, I hereby acknowledge and accept the following:

1. My child will be subject to all rules, regulations, and policies of UA Little Rock, including academic probation and suspension rules of academic and financial standing.
2. My child can earn college academic credit as a result of his/her enrollment and successful completion of this program.
3. The academic record earned from this coursework will be a permanent part of my child's collegiate record, maintained in UA Little Rock student records.
4. My child's UA Little Rock record is protected under the Family Educational Rights and Privacy Act (FERPA) and as a parent, I will not have access without my child's written consent (see below).
5. My child's UA Little Rock transcripts will not be released if there is a balance due and as his/her legal guardian, I know that I am responsible for accrued charges at \$100.00 per UA Little Rock course while my child is enrolled in CE courses to be paid to the high school.

Parent (or Legal Guardian) Information:

Name (please print clearly): _____

Relationship to student: _____

Address: _____

City, State, and Zip Code: _____

Phone: _____ () _____

Parent/Guardian Signature: _____

Date: _____

As the student enrolled in the UA Little Rock Concurrent Enrollment Program, I hereby:

1. Grant UA Little Rock permission to release information to the parent/guardian whose name and signature appear above, thereby waiving my rights to privacy under the Family Educational Rights and Privacy Act (FERPA).
2. Understand that in order to drop a Concurrent Enrollment course, the request must be made through the High School's CE Coordinator by the UA Little Rock drop date.

Student's UA Little Rock ID number: T _____

Student's Signature: _____

Student's School: _____

Date: _____