



Semester _____ Year _____

Temple College – Dual Credit Registration Form

(Please Print in Blue or Black Ink)

Name _____ TC ID Number _____

Home Address _____ City _____ State _____ Zip _____

Phone _____ Date of Birth _____

High School _____ Grade Level _____ Expected Graduation Year _____

Discipline (ENGL)	Course # (1301)	Section # (1002)	Date/Time (MW 8:00 am)	Location (Main Campus)

I acknowledge my enrollment in the above listed class(es).

Student's signature _____

STUDENT RECORDS RELEASE REQUEST (optional) Temple College is limited in the information that it may provide to parents because of the Family Educational Rights and Privacy Act of 1974. If you as a student would like for your parent to be able to obtain information regarding your academic progress, please complete the information and signatures below. **I give Temple College permission to release all records at Temple College (academic, disciplinary, etc.) to the person(s) listed below:**

Name(s) (ex. parent) _____

Student's Name (please print) _____ Signature _____

- * This form does not affect access to student directory information. Directory information is available to all persons unless otherwise restricted by you.
- * This release will remain in effect until specifically revoked in writing.

PARENT/GUARDIAN: I consent to having my child/ward enrolled in Temple College Dual Credit/Early College/Middle College Admissions Enrollment Programs.

Parent/Guardian Signature _____ Date _____

HIGH SCHOOL COUNSELOR/PRINCIPAL AUTHORIZATION

I verify that the student named above is

TSI complete in ___Reading, ___Writing, ___Math. Working on TSI requirements and meets the pre-requisites for the courses listed above.

The student has my permission to enroll with Temple College for the above listed semester.

HS Counselor Signature _____ Date _____

Notes or Special Instructions:

TC use only	XADV	PERC	XSPH	XRG2
-------------	------	------	------	------