



# Dual Enrollment/HSOP Permission Form

Release to attend college for students under the age of 18

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Age: \_\_\_\_\_      Sex: M  F

Race:  American/Alaskan Native     Asian     Black or African American

Hawaiian/Pacific Islander     White     Asian/Pacific Islander

\_\_\_\_\_ Other or Do Not Wish to Answer

Ethnicity:  Hispanic     Non-Hispanic

Name of High School: \_\_\_\_\_      Expected Year of Graduation: \_\_\_\_\_

*\*Consenting signatures required as appropriate*

## A) High School Student:

Permission is granted for the high school student listed above to attend Rowan College South Jersey until high school graduation.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of School Official, Title  
(or attach Certificate of Non-Enrollment)

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Date

**Questions?** Contact Rebecca Vezza at [rvezza@rcsj.edu](mailto:rvezza@rcsj.edu) or Parth A. Eubanks-Leach at [peubank1@rcsj.edu](mailto:peubank1@rcsj.edu).

**NOTE:** If you do not wish to include a Social Security Number (SSN) on this document, please be sure to add it to the online application. If you do not wish to share your SSN with RCSJ, please contact Parth A. Eubanks-Leach at [peubank1@rcsj.edu](mailto:peubank1@rcsj.edu) or 856-200-4663 and request a waiver form.