



3722 College Drive• Vineland, NJ 08361 Phone:

856-691-8600

Office of Enrollment, Academic &
Student Support Services

Dual Enrollment/HSOP Permission Form

Release to attend college for students under the age of 18

Name: _____

Address: _____

Phone: _____ SSN# _____

Date of Birth: _____ Age: _____ Sex: M F

Ethnicity: Hispanic Non-Hispanic

Race: American/Alaskan Native Asian Black or African American Hawaiian/Pacific Islander

White Asian/Pacific Islander Other or Do Not Wish To Answer _____

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.

Signature of parent/guardian

Date

Signature of School Official, Title
(or attach certificate of Non-Enrollment)

School Name

Date

Please direct any other questions you may have to Rebecca Vezza, rvezza@rcsj.edu or Parth A. Eubanks-Leach, peubank1@rcsj.edu 856-200-4663.

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 or 856-200-4663 and request a Waiver Form.

This form is consistent with the NJ Community College Open Admission Policy