



Student's Name: _____

Chabot Student ID #: _____

PARENT'S PERMISSION FOR MINOR CHILD TO ATTEND CHABOT COLLEGE

- (Child's Name) _____ has my permission to enroll in classes at Chabot College as a minor Concurrent Enrollment student for (check one):
TERM: FALL SPRING SUMMER YEAR: _____
- I hereby give my permission to release my child's school transcript to Chabot College.

Name of Parent or Guardian (please print)

Signature of Parent or Guardian

Date

RELEASE OF PERSONAL INFORMATION

Attention Student: The Family Rights and Privacy Act require that most information about your attendance, grades, and behavior at the College cannot be provided to anyone without your written consent. By signing this form, you are giving Chabot College permission to release information about you to your parent or guardian.

Please release the following information to my parent(s) or guardian named below: (check ONE)

- Any and all personal information on record.
- Grades and attendance information only.
- Behavior/Disciplinary status only

Parent(s) Name:

Student Signature: _____

Date: _____

EMERGENCY CONTACTS

In case of an emergency, please notify:

NAME	RELATIONSHIP	PHONE NUMER	BUSINESS PHONE	CELL PHONE

Signature of Parent or Guardian

Date