



Underage Admissions Quarterly Release Form

Name: _____ Student ID: _____

Address: _____

Phone: _____ Date of Birth: _____

Please indicate the year and quarter you are requesting this release for:

Year: _____ ☐ Fall ☐ Winter ☐ Spring

I give Everett Community College permission to contact the school district authority above to disclose information pertaining to my enrollment in this/these class(es).

Signature of Student

Signature of Parent/Guardian

Date: _____

To be completed by the local school district:

Name of School: _____

Address of School: _____

Contact Person: _____ Phone: _____

Email: _____ Fax: _____

_____ has our permission to enroll in the following class(es) at his/her own expense.

Signature of School Official

Date

Please note: it is up to the high school to determine how they will accept each college class.

For Office Use only:

On SM5003, remove 7Q and leave 7K. Override 7K when registering. Do not register if student has any other punitive blocks. Put form in High School Relations Box _____ Initials

Everett Community College does not discriminate on the basis of race, color, religious belief, sex, marital status, sexual orientation, gender identity or expression, national or ethnic origin, disability, genetic information, veteran status or age.