



Special High School Admission Written Permission Form

Student Name: _____ Riverland Tech ID or StarID: _____

Student

- I understand I will be registering for a college course through Riverland Community College.
- I understand that any course I register for will always be on my college transcript.
- I understand I am responsible for following all college policies.
- I understand that good academic standing requires a minimum cumulative GPA of 2.00 **AND** to successfully complete and maintain a minimum cumulative completion rate of 67%.
- I understand I am responsible for tuition, fees, and books no matter what grade I receive.

Print Student Name: _____

Signature: _____ Date: _____

Parent/Guardian

- I understand I am responsible for all tuition, fees, and books for _____
(student's name)
- I am authorizing this financial responsibility for this term & year: _____

Relationship to student: _____

Address (city, state, zip): _____

Phone Number: _____

Social Security Number: _____ Date of Birth: _____

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Do not email this form since it contains secure information.

Please submit by:

- Mailing to: Registration Dept., Riverland Community College, 1900 8th Ave NW, Austin, MN 55912
- Uploading to Riverland's Secure Student Records Document Uploader
<https://www.riverland.edu/student-services/registrars-office/student-records-document-upload/>