



Concurrent Enrollment AUTHORIZATION FORM

Student Information

Full Name: _____ ApplyTX ID _____

Address: _____

Phone 1: ____ / ____ - ____ Phone 2: ____ / ____ - ____ DOB: _____

E-mail: _____

Emergency Contact Information

Emergency Contact Name: _____ Relationship _____

Emergency Contact Phone: ____ / ____ - ____ Email _____

High School Information

High School Name: _____

Anticipated Graduation Date (month/year) _____

Authorization and Acknowledgement

PARENT/GUARDIAN

- I certify all the information provided in this authorization form is complete and correct to the best of my knowledge.
- I acknowledge I have reviewed this application with my child and understand the Concurrent Enrollment Program requirements and all applicable policies, procedures, restrictions, and deadlines.
- We (student & parent) agree to comply with all applicable CE Program requirements, policies, procedures, restrictions and deadlines.
- I authorize her/his participation in the Concurrent Enrollment Program at UTRGV.
- Photo Release: For valuable consideration, I do hereby authorize The University of Texas Rio Grande Valley, and those acting pursuant to its authority to:
 1. Record my son/daughters participation and appearance on video tape, audio tape, film, photograph or any other medium.
 2. Use my son daughters name, likeness, voice and biographical material in connection with these recordings.
 3. Exhibit or distribute such recording in whole or in part without restrictions or limitation for any educational or promotional purpose which The University of Texas Rio Grande Valley, and those acting pursuant to its authority, deem appropriate.

X _____
Parent/Guardian Signature Date

COUNSELOR AND PRINCIPAL

- I believe the above named applicant to be a mature and academically prepared student capable of performing well in University courses.
- I acknowledge I have reviewed this application with above named applicant and authorize their participation in Concurrent Enrollment at UTRGV.
- I understand that it is my responsibility, as a representative of my school, to review this information and verify the student meets and understands all applicable program requirements, policies, and restrictions.
- I understand I can also impose any additional participation requirements to above named applicant.

X _____
Counselor Signature Date

X _____
Principal Signature Date