

## Huskins Release Form 2008-09

**Student Name** \_\_\_\_\_

**Current High School** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

### **Parental Permission to take Huskins Classes**

I give consent for my child to take Huskins classes at Mitchell Community College for the 2008-09 school year.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### **Release of Liability**

I understand that, in the event of inclement weather, it is my responsibility as parent/guardian to determine whether conditions are too hazardous to permit safe driving for my child. I understand that it is my responsibility to provide alternate transportation to Mitchell Community College, if needed. I release Mitchell Community College of any liability with regard to my child's travel to and from classes.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### **Student Consent to Release Educational Information**

I authorize a representative of Mitchell Community College to release information regarding my academic record/transcript including attendance information to my parent or guardian.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date