

College and Career Links
Arkansas State University-Beebe

INTENT/RELEASE FORM

By signing this agreement to participate in the College and Career Links program, it is the student's intent to follow a career focus program of study that leads to the attainment of a post-secondary degree, certificate, or approved apprenticeship. As a College and Career Links student, I understand that I may be granted college credit from Arkansas State University-Beebe if the credit guidelines are met. It is further understood that transfer of such credit hours will be at the discretion of the college or university to which I transfer.

I, parent or guardian, am aware of my child's participation in the College and Career Links program of Arkansas State University-Beebe. Furthermore, I consent to the release of personally identifiable information from the education records of my son/daughter. I understand that the information to be released will include my child's social security number, high school transcript, and other personally identifiable information. The purpose of such disclosure is to assist Arkansas State University-Beebe in determining if guidelines for granting credit have been satisfied. This information will not be disclosed to any other agency, group, or organization.

Student Name (please print): _____

Address: _____
Street *City, State, Zip*

Student's SSN: _____ E-mail: _____

Student's School: _____ Grade: _____

Career Focus: _____

CCL course(s) currently enrolled in: _____

Student's Signature *Date*

Parent/Guardian Signature *Date*

To: **High School Counselor/Faculty Member**
Please send a copy of this form to Manager, College and Career Links/ASU-Beebe, P.O. 1000, Beebe, AR 72012 or fax to (501) 882-4412. Keep form for your records.