

West Kentucky Community and Technical College

# West Kentucky College Academy

GO2 COLLEGE IN HIGH SCHOOL

## STUDENT AUTHORIZATION

Please print or type - To be filled out by student and returned to West Kentucky College Academy Director,  
Lorry Beth Wilson, 4810 Alben Barkley Drive, Paducah, KY 42001, [lorrybeth.wilson@kctcs.edu](mailto:lorrybeth.wilson@kctcs.edu), 270-534-3117

KCTCS ID (nine digit ID)	Last Name	First Name	Middle Initial

**STUDENT:**

- I authorize WKCTC to request my high school transcript and I authorize my high school to release my official high school transcript to WKCTC. In addition, I authorize WKCTC to furnish my high school with any and all information pertaining to my academic record while I am enrolled at WKCTC as a West Kentucky College Academy student.
- I understand the West Kentucky College Academy requirements. It is my responsibility to read and abide by course syllabus. I affirm that I understand and will abide by all rules and regulations of the West Kentucky College Academy. While attending WKCTC, I agree to uphold all federal and state laws, county and municipality ordinances, and the rules, regulations, policies and procedures of the college.
- I understand that upon graduation from high school I am REQUIRED to submit a final, official, high school transcript showing my high school graduation date before my WKCTC transcript will be released.
- I understand that it is my responsibility to contact WKCTC and complete all required forms if any changes need to be made, such as withdrawal of course, name or address change, etc.
- The Family Educational Rights and Privacy Act (FERPA) allows WKCTC to release directory information to other agencies and educational institutions. At WKCTC, directory information is defined as the student's name, dates of attendance, major field of study, dates of degrees, photographs or digital images, and mailing address.

Please indicate here if you  **do**  **do not** wish to have your directory information released.

I authorize my parent/legal guardian to obtain information about my academic records (*permission ends upon student's graduation from high school*):  
 **Yes**  **No**

Name of parent/legal guardian: \_\_\_\_\_

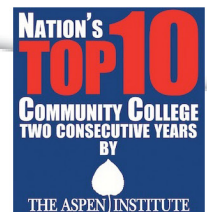
Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT/LEGAL GUARDIAN**

I have read and agree to the terms of this application. I hereby grant approval for my son/daughter/legal ward to enroll in WKCTC courses as a West Kentucky College Academy student while still enrolled in high school. I understand and agree to pay any fees or tuition related to the course(s) that my student enrolls in. I accept full responsibility for any and all personal matters such as transportation, financial arrangements, etc. Please send payment for course when student enrolls.

Parent Signature \_\_\_\_\_ Parent/Legal Guardian's Printed Name \_\_\_\_\_

Revised June 2013



WKCTC is an equal educational and employment opportunity institution.