

9. I understand that the Family Education Rights and Privacy Act (FERPA) governs all college records and allows release of academic information, including grades, to the student only. Academic information cannot be released to parents or third parties without the written consent of the student.
10. I authorize staff of Great Bay Community College and staff from the aforementioned high school to share educationally relevant information on a “need to know” basis for the purpose of providing me with effective advising, referral, instruction, and facilitating progress towards my educational goals.
11. To the extent permitted by law, I release, hold harmless, indemnify and covenant not to sue the CCSNH and its colleges and/or their governing boards, trustees, employees and any agents from and against any and all liability for harm, injury, damage, claims, demands, actions, causes of action and expenses of any kind that I may have or that may hereafter accrue to me, directly or indirectly, related to any loss, damage or injury sustained through my participation at the College.

Participating Student Signature

Date

HIGH SCHOOL COUNSELOR APPROVAL:

1. The student listed is a Junior or Senior and is a regularly enrolled student at our school and has permission to take the above course(s) at GBCC.
2. The student can benefit from advanced scholastic or vocational work at GBCC.
3. The GBCC course(s) selected will also satisfy a high school requirement.

Guidance Counselor Name (Please Print)

Phone

Guidance Counselor Signature

Date

High School Phone: _____

For Information or Questions:

Stephanie Riotto
 Running Start Coordinator
 603-427-7635
 sriotto@ccsnh.edu

For Returning Students:

Advising & Transfer
 603-427-7728
 greatbayadvising@ccsnh.edu