



College of the Muscogee Nation Concurrent Consent Form

Last Name _____ MI _____ First Name _____

Date of Birth _____ Email Address _____

High School Information

High School Attending _____ Expected Graduation Date _____

Number of High School courses enrolled in for the applied term _____

High School Official

I recommend this student for concurrent enrollment at CMN. I certify that the student will be eligible to satisfy high school graduation requirements (including curricular requirements for college admission) no later than the spring semester of the senior year. The student has taken the ACT and achieved the required ACT composite or has the high school GPA required to be admitted to CMN. In addition, I certify that this student will not be enrolled in a combined total to exceed 19 semester credit hours as a concurrent student.

Signature of High School Principal or Counselor: _____ Date _____

Parent/Guardian

I grant permission for my child to enroll as a Concurrent High School student at CMN. I understand that as a concurrent student, my child will not be eligible to receive Title IV, HEA funds, and will be responsible for all charges incurred while my child is enrolled as a concurrent student. CMN offers institutional scholarships; for additional information, please see the Admissions office.

Signature of Parent or Legal Guardian: _____ Date _____

Trimester of Enrollment: Fall Spring Summer Year: _____

Courses that I wish to be enrolled in at CMN _____

I understand that I must meet the concurrent guidelines and policies outlined in the CMN catalog and student handbook. My signature below is to acknowledge that I agree to abide by all rules, regulations, policies, and practices set forth by the administration of CMN. In addition, by enrolling concurrently, I grant permission for my high school to access my education records.

Signature of Student _____ Date _____

If you have any questions, please contact admissions at 918-549-2847



College of the Muscogee Nation Consent to Release of Personal Information/Education Records

I, the undersigned, understand that my consent is required, by the Family Education Rights and Privacy Act of 1974, as amended (“FERPA”), for College of the Muscogee Nation (CMN) to release any personal identifiable information from my education and financial records not defined as “Public/Directory Information” under the College FERPA policy.

I _____ hereby authorize access to my educational and financial records to the following:
(Student Name Print)

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

This permission may be revoked at any time by providing notification in writing.

I further understand that College of the Muscogee Nation and/or its staff/employees cannot be responsible for confidentiality of information disclosed after said information has been released pursuant to this authorization, and I hereby release College of the Muscogee Nation, and its staff/employees from any liability arising from such a disclosure.

Acknowledging the above, with attached signature, I hereby give authority to proceed as directed herein.

Student Signature

Date

Student ID#

RETURN COMPLETED FORM TO:

Office of Enrollment Management
2170 Raven Circle, Okmulgee, OK 74447 (918) 549-2847 / FAX: (918) 759-6941