WESTERN PIEDMONT COMMUNITY COLLEGE

**MINOR (16- OR 17-YEARS OLD) RELEASE FORM**
**REFERRAL FOR HIGH SCHOOL PROGRAMS**

Student Name: _____ Date of Birth: _____
*Students must be at least 16-years-old at the time of enrollment*

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

License/Permit Number: _____ Issue Date: _____

**The following information must be completed by the referring high school**

Name of School: _____

Official Date of Withdrawal: _____

Was the student suspended at the time of withdrawal? Yes ☐ No ☐ *(A student who has been suspended from public school must seek special permission to enroll in a College and Career Readiness Program.)*

If yes, reason for suspension: _____

Does the student have a license or permit? Yes ☐ No ☐ Has the DMV been notified to process revocation? Yes ☐ No ☐

An official transcript for the student is attached. Yes ☐ No ☐

_____
Printed Name and Title of School Employee Verifying Withdrawal Information

_____ _____
Signature of School Employee Verifying Withdrawal Information Date

***I recommend this student be enrolled in Western Piedmont Community College's College and Career Readiness program and waive the six-month waiting period.***

_____
Printed Name of School Superintendent or Printed Name and Title of Designee

_____ _____
Signature of School Superintendent or Printed Name and Title of Designee Date