



High School Services

**Authorization Form
Expanded Options**

Student Name: _____ Date of Birth: ____/____/____

High School: _____

High School Contact Person and Phone Number _____

Home Address: _____

City: _____ State: ____ Zip: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

It has been mutually agreed upon between the parent(s) or guardian(s) and the school administrator that the student listed above has been approved at the high school level to join the Expanded Options Program at Mt. Hood Community College.

Mt. Hood Community College will require the student to complete a College Placement Test and the student must place at college level to be approved for college curriculum.

Students please note the following information:

The College Placement Test will take you approximately 1 ½ hours to complete. Please take your time. If you rush through you may not place at college level, which could disqualify you for this program.

The undersigned agrees and accepts that Mt. Hood Community College its board of directors, officers, employees, volunteers, and agents assume no responsibility or liability. The undersigned also agrees that the college will not be responsible or liable for any act, error, omission, or for any personal injury, whether negligent or not. Mt. Hood is not responsible for traffic citation, towing, or parking tickets. I have read the above and agree to accept any risks, which may be associated with high school or college classes. I also authorize the teacher, program leader or qualified medical personnel to take whatever first-aid is deemed necessary, in their sole judgment, to protect my health and safety in the event of any emergency.

Student Signature and Date

Parent or Guardian's Signature and Date

High School Counselor or Administrator's Signature and Date

High School Contact Person Only

Please check one of the options listed below:

- The student should pay for tuition and books and the high school listed above will reimburse the student.
- The high school will complete the third party billing information for tuition and books and submit it by fax to the bookstore and business office prior to the first day of class.

Please specify the class(es) that the student is authorized to participate in during each specific term:

WI08	_____
SP08	_____
SU08	_____
FA08	_____
WI09	_____
SP09	_____
SU09	_____