

# TWIN RIVERS/VINCENNES UNIVERSITY

## DUAL-CREDIT PROGRAM

### GRADE RELEASE

I give my permission for **Vincennes University** to release my grade(s) to my high school counselor and Twin Rivers as long as I am enrolled in a dual-credit program. I understand my tuition costs for the program will be paid, but I am responsible for any and all lab fees, textbooks, or supplies as needed for the program

Please print the following information:

Student's Name \_\_\_\_\_  
Last First Middle Initial (Maiden)

Student's Address \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Street City Zip

Phone Number \_\_\_\_\_

Student's Social Security  
Number (required) \_\_\_\_\_

Counselor's Name \_\_\_\_\_

High School \_\_\_\_\_

VU Program Area *(Check in front of your area)*

- |  |   |
|--|---|
| <input type="checkbox"/> Architectural Drafting            | <input type="checkbox"/> Collision Repair     |
| <input type="checkbox"/> Computer Integrated Manufacturing | <input type="checkbox"/> Computer Networking  |
| <input type="checkbox"/> Computer Programming              | <input type="checkbox"/> Diesel               |
| <input type="checkbox"/> Electronics                       | <input type="checkbox"/> Fire Science         |
| <input type="checkbox"/> Hospitality/Culinary Arts         | <input type="checkbox"/> Product Design (CAD) |
| <input type="checkbox"/> Information Technology            | <input type="checkbox"/> Law Enforcement      |
| <input type="checkbox"/> Precision Machining               | <input type="checkbox"/> Surveying            |
|  | <input type="checkbox"/> Welding              |

Student's Signature (required) \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature (required) \_\_\_\_\_

Date \_\_\_\_\_