



RUNNING START PROGRAM APPLICATION

Quarter you plan to start: Fall (September) Winter (January) Spring (April) Year 20__

PRINT ALL ANSWERS. WRITE "N/A" IF SOMETHING DOES NOT APPLY TO YOU.			
LCC Student Identification Number: _____ - _____ - _____		SSN: _____ - _____ - _____	
Student Last Name	First	Middle Initial	<input type="checkbox"/> Female <input type="checkbox"/> Male
Parent / Guardian Last Name		First Middle Initial	
Mailing Address		Apt. No.	Home/Parent Phone ()
City	State	Zip	Student Cell Phone ()
Date of Birth		Student Email Address	
		May We Text You? YES NO	

<p><u>HIGH SCHOOL INFORMATION</u></p> <p>Name of public high school that you attend: _____</p> <p><i>*Home or private-school - list the public school where you are enrolled.</i></p> <p>Graduation date: Month _____ Year _____</p>	<div style="border: 1px solid #ccc; padding: 10px; width: fit-content; margin: auto;"> <p>High school code</p> <p>Office use only</p> </div>
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RELEASE OF INFORMATION-LOWER COLUMBIA COLLEGE

The Family Educational Rights and Privacy Act (FERPA) prohibits Lower Columbia College from discussing Running Start students' educational records with anyone other than the student and their high school. If you wish to give Lower Columbia College permission to discuss your educational records with anyone else, please write their full names below.

I, _____, (print student name) authorize Lower Columbia College and/or its staff to provide my educational records to the following named individuals:

I hereby release Lower Columbia College and its staff from all legal responsibility or liability that may arise from the act hereby authorized. This release is valid for two calendar years after signature date.

Student Signature Date