



Parental Permission Form (for students under 18 years of age)

CVCC Office of Admissions & Records
3506 Wards Road ▪ Lynchburg, VA 24502-2498
Phone: 434-832-7633 ▪ Fax: 434-832-7793

Students under 18 years of age who are interested in taking classes at CVCC are required to obtain a parent's or legal guardian's permission before enrolling. Please mail or fax this completed form to the Office of Admissions & Records before enrollment begins.

Students Full Name: _____

CVCC Empl ID#(if known): _____

Student's Social Security #: _____

Student's Date of Birth: _____

I the parent and/or legal guardian of the student named above am aware that my child has applied to Central Virginia Community College and I give him/her permission to enroll in college level courses.

Parent (or) Legal Guardian's Signature

Date

Records Office Use only:

Svs indicator removed

Staff Initials: _____ Date entered: _____