

TRIO EDUCATIONAL OPPORTUNITY CENTER

The College Connections Project provides comprehensive college access services to New York City adults and is funded by the U.S. Department of Education



Parental/Guardian Consent Form

PART I: STATEMENT OF PURPOSE

This form is written to request consent for your child to receive college access services and financial aid counseling from an MEOC College Connections Project (CCP) staff member.

PART II: STUDENT INFORMATION

| | | | |
|---------------------|--|---------------|------|
| Social Security No. | | Date of Birth | |
| Last Name | | First Name | M.I. |
| Email | | | |

PART III: PARENT INFORMATION

| | | | |
|-----------|--|------------|------|
| Last Name | | First Name | M.I. |
| Email | | | |

PART IV: CERTIFICATION STATEMENT

By signing this form, I consent that my child can receive college access services from the TRIO EOC College Connections Project and understand that I may need to provide financial documents which may include Federal and State income tax forms that I filed, or am required to file. I understand that this information will be used to assist my child in applying for federal and state financial aid.

PART V: SIGNATURE

Signature of Parent/Guardian: _____

Date: _____