

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	
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: FINANCIAL INFORMATION

Employment Status	Employed	Unemployed
Family Income 2021	Number in Household (<i>Include yourself</i>) _____	
___ \$0 - \$19,320	\$19,321 - \$26,130	\$26,131 - \$32,940
\$39,751 - \$46,560	\$46,561 - \$53,370	\$53,371 - \$60,180
\$Over \$66,990		\$60,181 - \$66,990

PART VI: SIGNATURE

Signature of Parent/Guardian: _____

Date: _____