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**Grade Release and Orientation Form**
**RELEASE OF GRADES**

Privacy laws dictate that the following form must be completed in order for College of DuPage to release and/or send your grade to any school. Please print clearly. Questions may be directed to Continuing Education at (630) 942-2208.

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 STUDENT NAME

STUDENT DATE OF BIRTH

***I authorize grades to be released to the following high school:***

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 NAME OF HIGH SCHOOL

CITY

ZIP CODE

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 NAME OF HIGH SCHOOL COUNSELOR OR REGISTRAR

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 PARENT SIGNATURE

DATE

***Release grades for the following 2021 summer courses:***

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 COURSE

CODE #

 SEMESTER 1

 SEMESTER 2

 I am auditing this course without a grade awarded (***this decision is irrevocable***)

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 COURSE

CODE #

 SEMESTER 1

 SEMESTER 2

 I am auditing this course without a grade awarded (***this decision is irrevocable***)

 ***I attend a homeschool or co-op. Co-op name:*** \_\_\_\_\_

 ***I am taking this class for enrichment purposes.***
 ***I do not want my grade sent to my high school.***
**MANDATORY ORIENTATION SIGNATURE**

A parent/guardian signature for attending/participating in either the in-person mandatory orientation or online orientation, constitutes an understanding and acceptance of policies/conditions set forth by College of DuPage Continuing Education.

I acknowledge that I am fully aware of the consequences resulting from the violation of any of the policies reviewed during my selected orientation session. I understand that disciplinary action shall be applied in a consistent and non-discriminatory manner by the site supervisors employed by College of DuPage at each of its locations. Their decisions involving disciplinary measures are binding and will not be overruled by College of DuPage. I can review the online orientation at anytime online at [cod.edu/cehighschool](http://cod.edu/cehighschool).

I, the participant, and I, the parent/guardian, understand and agree to abide by the College of DuPage Continuing Education Summer 2021 mandatory orientation.

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 PRINT STUDENT NAME

STUDENT SIGNATURE

DATE

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 PARENT/GUARDIAN SIGNATURE

DATE

**Return to College of DuPage Continuing Education prior to the first day of the semester.**

Signed forms can be sent to:

 Continuing Education College of DuPage  
 425 Fawell Blvd., Glen Ellyn, IL 60137

OR

 Fax (630) 942-3785  
[youthacademy@cod.edu](mailto:youthacademy@cod.edu)

# EMERGENCY CONTACT INFORMATION

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STUDENT NAME

STUDENT DATE OF BIRTH

## WAIVER OF LIABILITY AND EMERGENCY MEDICAL RELEASE

***(Any medications necessary for your child should be taken at home before the student comes to class.)***

I authorize College of DuPage personnel to take appropriate action in the event of an emergency. Students with medical emergencies will be taken to the nearest hospital, and I understand that I am responsible for all costs incurred in relation to my child. I release College of DuPage and its directors, officers, trustees, employees and agents from all liability, in accordance with current state and federal law, arising from participation in the Continuing Education program. I also understand that if my son or daughter becomes ill or engages in destructive behavior, the emergency contact will be called to take him or her home.

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PARENT (GUARDIAN) SIGNATURE

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KNOWN ALLERGIES OR MEDICAL CONCERNS

Please prioritize the following phone numbers. Please print all information legibly. Number them in the order which we are most likely to contact a parent or guardian. Only list persons authorized to pick up your child in the event of an emergency. Thank you!

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**1ST CONTACT: NAME**

**RELATIONSHIP TO STUDENT**

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**PRIMARY PHONE**

**WORK PHONE**

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**SECONDARY PHONE**

**EMAIL ADDRESS**

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**2ND CONTACT: NAME**

**RELATIONSHIP TO STUDENT**

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**PRIMARY PHONE**

**WORK PHONE**

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**SECONDARY PHONE**

**EMAIL ADDRESS**