

GRADE RELEASE FORM

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.

STUDENT NAME _____ STUDENT DATE OF BIRTH _____

- I am taking classes for enrichment purposes (non-credit). Do not release my grades.
 I am taking classes for credit (print name of institution receiving grades below).

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

NAME OF HIGH SCHOOL _____ CITY _____ ZIP CODE _____

NAME OF HIGH SCHOOL COUNSELOR OR REGISTRAR _____

PARENT SIGNATURE _____ DATE _____

Release grades for the following 2025 summer courses:

COURSE _____ CODE # _____

- SEMESTER 1 SEMESTER 2

COURSE _____ CODE # _____

- SEMESTER 1 SEMESTER 2

ACCOMMODATIONS

I anticipate that my child will need accommodations during class time. (select 'Yes' or 'No') If checked 'yes,' you will need to contact the Center for Access and Accommodations at (630) 942-2154 or access@cod.edu. Please note that arrangements will need to be made 30 days prior to class start. Students notifying the Center for Access and Accommodations after this deadline may experience a delay in services.

- Yes No

PARENT/STUDENT HANDBOOK SIGNATURE

A parent/guardian signature for the Student/Parent Handbook 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 listed above. 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. A full copy of this Student/Parent Handbook is available at cod.edu/cehighschool or a paper copy can be obtained at the Continuing Education office, Student Resource Center (SRC), Room 1110.

I, the participant, and I, the parent/guardian, understand and agree to abide by the College of DuPage Continuing Education Summer 2025 Student/Parent Handbook.

PRINT STUDENT NAME _____ STUDENT SIGNATURE _____ DATE _____

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 OR Fax (630) 942-3785
 425 Fawell Blvd., Glen Ellyn, IL 60137 youthacademy@cod.edu