

TECHNICAL COLLEGE OF THE LOWCOUNTRY

DUAL ENROLLMENT RESIDENCY DECLARATION

Student's Name: _____

Date of Birth: ___/___/___ High School: _____

Parent/Guardian Name: _____

Relationship to student: _____

Address: _____

The resident status of a dependent person is based on the resident status of the person (parent, guardian) who provides more than half of the dependent person's support and claims the dependent person as a dependent for federal income tax purposes

Dependent Citizenship Verification (to be completed by parent/guardian)

Are you a U.S. Citizen? Y N

Do you possess a Permanent Resident card? Y N

If yes, what is the issue date? ___/___/___ Expiration Date? ___/___/___

Dependent Residency Verification (to be completed by parent/guardian)

Do you provide more than 50% of the financial support for this student? Y N

Did you claim this student as a dependent on your most recent tax return? Y N

Do you reside in South Carolina? Y N How long? _____

Do you reside in Beaufort, Hampton, Jasper or Colleton County? Y N How Long? _____

Do you have a SC Driver's License, Learner's Permit or State ID? Y N

Issue Date? ___/___/___ Expiration Date? ___/___/___

Did you file State and Federal Taxes for the previous year? Y N

In which state did you file taxes? _____ Did you file as a full-year or part-year resident? _____

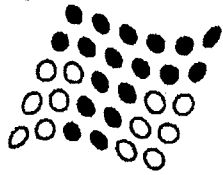
Are you Active Duty Military? Y N If yes, please attach a copy of your orders to this document.

I hereby certify that all entries on this application are true and accurate. I understand that any misrepresentation of residency information may result in the payment of non-resident tuition, withdrawal from the college or other disciplinary action.

I have read and understand the information provided for Residency Certification.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____



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Appendix C: Student Information Release Authorization

In accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974, the Technical College of the Lowcountry must obtain written consent from a student before releasing any educational or financial information regarding that student to a third party. Such a written request must be signed and dated by the student, specify the type of information to be released, state the purpose of the release, and identify the party to whom the information may be released.

Student Name (Print) _____

Student ID Number _____

Information to be Released: (Check all that Apply or Check All of the Above. If information to be released is not included in the list below, please indicate under Other)

Financial Aid Information

Enrollment Status

Veteran's Benefits Information

Course Registration Information

Billing Information

Grades/GPA, academic progress, attendance

In School Deferment Information

Transcripts

Placement Test Scores/Testing Information

All of the Above

Other: _____

I authorize the Technical College of the Lowcountry to release the indicated information to the person/agency specified below:

Name of Person or Agency

Relation to Student (if Applicable)

Street Address

City

State

Zip

Purpose of the Release of Information: (Please State Reason for Release of Information)

This release will remain in effect until the requestor cancels it in writing at the Registrars' office.

I wish to release the information as described above.

I wish to cancel the above release authorization

Student Signature/Date

Student Signature/Date

The Technical College of the Lowcountry is committed to a policy of equal opportunity for all qualified applicants for admissions or employment without regard to race, gender, national origin, age, religion, marital status, veteran status, disability or political affiliation or belief.

Student Records Office Use Only. Receipt Date _____

Staff Signature _____



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Dual Enrollment Agreement & FAFSA Waiver

To Be Completed by the Student:

Last Name: _____ First Name: _____ TCL Student ID: _____
High School: _____ Choose One: First Time Dual Enrollment Student
 Returning Dual Enrollment Student

I authorize to furnish _____ any and all information pertaining to my academic
(name of High School)
record while I am enrolled in the Technical College of the Lowcountry as an Dual Enrollment student. I hereby release the Technical College of the Lowcountry from any liability or damage that may result from furnishing the information requested. I affirm that I understand and will abide by all other rules and regulations of the enrollment at the Technical College of the Lowcountry. I have reviewed the TCL Academic Policies and Procedures that govern participation in classes at the Technical College of the Lowcountry.

FAFSA Waiver:

I request a waiver of the submission of the Free Application for Federal Student Aid (FAFSA) as it relates to the Lottery Tuition Assistance eligibility requirement for the following reason: I am a high school student enrolled in the Dual Enrollment program. By not submitting the FAFSA, I acknowledge that:

- I will not be eligible to receive other Title IV aid, which includes the Pell Grant, Federal Supplemental Educational Opportunity Grant, Perkins Loan, Stafford Loans, federal work study and the SC Need-based Grant. Also, I will not be able to participate in other loan programs offered by the South Carolina Student Loan Corporation or other state assistance programs that require the submission of the FAFSA. Further, I understand that neither the state of South Carolina nor the institution can be held liable for any amount of federal or state funds that I forego by signing this waiver.
- I do not owe a refund or repayment of a state grant, Pell Grant, or Supplemental Education Opportunity Grant, and I am not in default on a loan under the Federal Perkins Loan, Federal Stafford Loan, William D. Ford Federal Loan, or any state loans. I understand that the institution will verify this.
- (Male Students Only): I have registered with the Selective Service or I have been exempted from this requirement according to federal law. I understand that students who fail to register with the Selective Service (or fail to be exempt from that requirement) are not eligible to receive Lottery Tuition Assistance.
- The provided information is correct and if any of the information is false, I understand participation in the Lottery Tuition Assistance Program will be cancelled and reimbursement of Lottery Tuition Assistance funds will be required. Further, I understand that if I have attempted to obtain, (or have obtained Lottery Tuition Assistance through means of a willfully false statement or failure to reveal any material fact, condition, or circumstance affecting eligibility), I can be subject to the college/university's code of student conduct and applicable civil or criminal penalties.
- In order to receive Lottery Tuition assistance, you must be a U.S. citizen or a permanent resident that meets the definition of an eligible non-citizen. Students that are considered to have "legal presence" under the "Deferred Action for Childhood Arrivals" also known as DACA, do not qualify for Lottery tuition assistance funds.

Student Signature: _____ Date: _____

To Be Completed by the Parent/Guardian:

I hereby grant approval for my dependent _____ to enroll in Technical College of the Lowcountry courses as a Dual Enrollment student while still enrolled in high school. I accept responsibility for personal matters such as transportation, insurance coverage, and financial arrangements. I acknowledge that I understand TCL's refund policies and I will be held responsible for payment of tuition and fees incurred as a result of withdrawal.

Parent Signature: _____ Date: _____

To Be Completed by the High School Guidance Counselor:

_____ has the approval of our high school to enroll in Dual Enrollment.

(First Name)

(Last Name)

HS Guidance Counselor Signature: _____ Date: _____

Statement of Non-Discrimination: The Technical College of the Lowcountry is committed to a policy of equal opportunity for all qualified applicants for admissions or employment without regard to race, gender, national origin, age, religion, marital status, veteran status, disability, or political affiliation or belief.