



Victor Valley College - Community Education

Parental Consent Form for Student

Student Name (First & Last)	
Course Name & Term	
Parent/Legal Guardian (First & Last)	
Phone Number	
Email Address	
Address	
Emergency Contact Name	
Emergency Contact Phone Number	

- Photo Release Liability** - I hereby authorize Victor Valley College to publish the photographs taken of me, and my name, for use in Victor Valley College printed publications and websites.

I further agree that my participation in any publication and website produced by Victor Valley College confers upon me no rights of ownership whatsoever. I release Victor Valley College, its contractors and its employees from liability for any claims by me or any third party in connection with my participation.

By signing below, I understand that VVC is an open, adult oriented learning environment. I also understand that instructional materials in some courses may be unsuitable for children. I further understand that I am responsible for knowing and following all college policies and procedures related to academic performance and student behavior as detailed in the Victor Valley College Catalog. Eligibility for above course(s) does not guarantee enrollment. Please wait to be notified of acceptance.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

*Please email completed form to: [Pandora.Oldfield@vvc.edu](mailto: Pandora.Oldfield@vvc.edu)

For Office Use Only:

VVC Community Ed. Director Signature: _____ Date: _____