STUDENTS MUST COMPLETE THIS SECTION EVEN IF A PARENT IS ALSO COMPLETING THE BOTTOM PORTION OF THIS FORM.

BY SIGNING THIS FORM, I: _______________________________________________________________

1. Agree to participate actively in the Student Support Services Program (SSS).
2. Grant permission for the SSS Program to review and/or secure a copy of my financial aid and academic information on campus during my enrollment at Hampton University. I understand that this information will be used to support my eligibility and/or to assess my academic strengths and weaknesses.
3. Understand that my academic information might be released to my parents.

A PARENT/GUARDIAN MUST COMPLETE THIS SECTION IF THE STUDENT IS A DEPENDENT AND LIVING AT HOME

BY SIGNING THIS FORM, I: _______________________________________________________________

1. Grant permission for my son/daughter to participate in the Student Support Services Program (SSS).
2. Grant permission for the SSS Program to review and/or secure a copy of my son’s/daughter’s aid and academic information on campus during their enrollment at Hampton University. I understand that this information will be used to support their eligibility and/or to assess their academic strengths and weaknesses.
3. Certify that the following natural parent LIVING IN THE HOUSEHOLD with my son/daughter has a four year college degree. ☐ Mother ☐ Father ☐ Neither (Not having a degree does not disqualify your child.)

SIGNATURES: (APPLICATION CANNOT BE PROCESSED WITHOUT THIS SIGNED FORM.)

STUDENT SIGNATURE ___________________________ DATE ____________

PARENT SIGNATURE ___________________________ DATE ____________