



Maryland Public High School Tuition Discount Request EARLY COLLEGE ACCESS PROGRAM

1. Maryland public school students are eligible to take classes for free with an approved ECAP Funding Request from their school. If courses are not approved by your school, complete this form to request 25% tuition only discount for credit courses.
2. To be eligible for 25% tuition only discount on credit tuition this request form must be submitted to AACC each semester. The student completes this request form and signs the Student Statement, and the parent or guardian signs the Parent/Guardian Statement.
3. The student submits this request form to AACC's Cashier's Office at cashiersoffice@aacc.edu (PDF preferred), registers online through [MyAACC](#), and must make required payment to avoid being deregistered from the AACC course(s) for non-payment. Please call 410-777-2236 with any questions.
4. Maryland public school students are responsible for: complying with AACC's standard payment terms and conditions, the remaining tuition, all applicable fees, and for purchasing all required textbooks and other course materials for all courses not approved by their high school.

Student Name _____

Date of Birth (MM/DD) _____

AACC ID Number (7 digit) _____

Address _____

City _____ State _____ Zip _____

School _____

Current Grade Level _____

Personal Email Address _____

Phone Number _____

Students under the age of 16, must be identified as gifted and talented students by their school system and approved by AACC to be eligible to enroll at AACC.

Course Year: _____
Information

Fall (August-December)
Spring (January-May)

☐ Winter (December-January)
☐ Summer* (May-August)

**Seniors scheduled to graduate in the spring are not eligible for a discount for summer courses under the Early College Access Program.*

AACC Course # e.g. ENG-101	AACC Course Title (https://catalog.aacc.edu)



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Student Statement: I, the student, agree to comply with the policies and procedures of _____ (school system) and Anne Arundel Community College. I understand that the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g; 34 CFR Part 99 (“FERPA”) is a federal law that protects the privacy of students’ education records. In accordance with FERPA, it is the policy of AACC not to disclose students’ education records to third parties unless the student provides consent to disclose or as otherwise permitted by law.

I consent to the release of my education records, including but not limited to, information regarding my academic progress, grades, and account details and balances to my parent or guardian listed below while I am enrolled at AACC and for up to six (6) months thereafter.

☐ Yes No

I understand that this consent will remain in effect until the expiration date listed above, unless revoked by me in writing and delivered to the AACC Records and Registration Office, but that such revocation will not affect disclosures previously made by AACC prior to the receipt of any such written revocation.

I acknowledge and agree that by typing or signing my name below, I consent to signing this Form electronically with an intent to be bound by its terms and that my electronic signature is the same as a handwritten signature for purposes of validity, enforceability, and admissibility. I understand that if I do not wish to sign electronically, I may obtain a hard copy and submit my completed forms to the AACC’s Cashier’s Office at cashiersoffice@aacc.edu.

Student Signature: _____ Date: _____

Parent/Guardian Statement: I, _____ (name), am the parent or legal guardian of the student listed above. I understand that my child is required to comply with the policies and procedures of their school system and Anne Arundel Community College. I understand that in accordance with FERPA, when my child enrolls at a postsecondary institution, all of my rights as a parent/guardian pertaining to AACC transfer to my child, and if my child does not consent to the release of education records to me that I will not be given access to my child’s education records, including but not limited to, information regarding my child’s academic progress, grades, and account details and balances, unless an exception to FERPA applies, such as a health or safety emergency. I agree to be responsible for any fees, fines, or other charges assessed for my child that are not funded by another entity.

I acknowledge and agree that by typing or signing my name below I consent to signing this Form electronically with an intent to be bound by its terms and that my electronic signature is the same as a handwritten signature for purposes of validity, enforceability, and admissibility. I understand that if I do not wish to sign electronically, I may obtain a hard copy and submit my completed forms to the AACC’s Cashier’s Office at cashiersoffice@aacc.edu.

Parent/Guardian Signature: _____ Date: _____