



# PARENT CERTIFICATION FORM

Student Full Legal Name (Please Print)						Preferred Phone Number			
First Name		Middle Initial		Last Name		(      )			
VHCC Student ID Number						Current Term (Please Check)		Current Year	
						Fall <input type="checkbox"/>	Spring <input type="checkbox"/>	Summer <input type="checkbox"/>	20_____

We have reviewed your Application for Admissions and established that you were under the age of 18 years old when it was submitted. While we have your electronic signature on file, please have your parent or legal guardian sign below. Dual Enrolled students are asked to return this signed form directly to the college. A copy of application is available upon the student's request.

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I certify under penalty of disciplinary action that all the information submitted on the application for admissions to Virginia Highlands Community College is complete and accurate. I understand that as the parent or legal guardian, I am responsible for any debt incurred by the student while a minor.

\_\_\_\_\_  
Parent or Legal Guardian's Signature

\_\_\_\_\_  
Date

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Thank you for your interest in attending Virginia Highlands Community College. If you have any questions, please contact the Admissions and Records [Admissions@vhcc.edu](mailto:Admissions@vhcc.edu) or 276-739-2508.

Please have your parent sign the below certification and send it to:

Email: [admissions@vhcc.edu](mailto:admissions@vhcc.edu)

Fax: 276-739-2591

Mail: Virginia Highlands Community College  
Attn: Admissions & Records  
100 VHCC Drive  
Abingdon, VA 24212

