



# INDIAN RIVER STATE COLLEGE

## Dual Enrollment Information Sharing Statement of Understanding

**BACKGROUND**

Indian River State College has developed a system to share academic planning and academic progress information with approved high schools in the following:

_____	_____	_____
Work email	Work #	Cell #

_____	_____	_____
2. First Name	Last Name	
_____	_____	_____
Work email	Work #	Cell #

\_\_\_\_\_

These new counselors will be replacing the counselors below who will no longer need access to the D

Please remove their contact information.

\_\_\_\_\_

_____	_____	_____
1. First Name	Last Name	
_____	_____	_____
Work email	Work #	Cell #

_____	_____	_____
2. First Name	Last Name	
_____	_____	_____
Work email	Work #	Cell #

\_\_\_\_\_

It is understood that the information provided by IRSC is offered for the sole purpose of providing ac

students and that all applicable laws and standards will be adhered to in safeguarding this informati

privacy of the students. I further agree to notify IRSC of any changes in the assignments of personn

\_\_\_\_\_

_____	_____
High School Principal or Designee	Today's Date

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